

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

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

		latioi	r Requirements. The time mint for correction			- /		
Establishme	nt name			Telephone Number	Date of Inspection	ID#		
101 M	leat	5h	00	( ) Establishment	6-5-24	2658		
Establishme	nt addres:	S		( ) Owner	6-5-21	2000		
11 De	clar	ext	ion Dr. Greenwood 46143	Purpose:	Follow-up Release	se Date		
Owner				1. Routine	Yes 6-1	15-24		
				2. Follow-up	Summary of Viola	tions:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational				
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-	7,0			6. HACCP				
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	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AT	ND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
413	NC		Back door daylish o	bre-ved potenti	al entry for	7-1-24		
	A) PSO	iod	80-4-	/		8 =		
415	C	7.4(1)	Oberered roach ske	invect on tra	p behind	Action (Con-		
1100			water heater	/		0.6311		
438	6	_	Label all sprony bottle	<u></u>		8-5-24		
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Establishme	ent name	a Ela!	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishme	ent address	LICO COLONIA FY CONTAIN		1,74-791006
97	0 1	1 Morton St.	Purpose:	Follow-up Release Date
Owner			1. Routine	- 12-4-24
			2. Follow-up	Summary of Violations:
Owner addi	ress		3. Complaint	
			4. Pre-Operational	c
Person in ch	narge		5. Temporary	CR
Responsible	person's e	mail appets and alleger	6. HACCP 7. Other (list)	Menu Type (See back of page)
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Advances Owner address 19700 A Person in char	Susaddress  Slv  A Free  Laur  ge  erson's er  +S@	Sh Ca	© Kroger #864 Greenwood 46143 Pendence Dr. Oncepts Franchise Corps The Torrance, CA 90503	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#  (0-20-24 230)  Follow-up Release Date  (0-30-24)  Summary of Violations:  C	
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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

Establishm	ent Sani	tatic	on Requirements. The time limit for correct	on of each violation is speci	fied in the narrative portion	of this report.
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Establishme	nt addres	S	J	(31) 885 0808	6-20-2	4 404
1595	USH	W	431 Greenwood, 1N4614:	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	(0-	30-24
to Ald	1/100	lin	ina) LP	2. Follow-up	Summary of Violat	
Owner addre	ess	110	cria) =1	3. Complaint		
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Responsible	persons		andi us	7. Other (list)	Menu Type (See l	pack of page)
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• CRITICAL	ITEMS AF	RE II	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	en er en en en Brans de de ser en	CALLER TO THE
• VIOLATION	(S) REPEA	TED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATIONS" AT	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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# 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.

establishment			telephone		Date of Inspection	
Ale En	nporium Greenw	vood	317-300-1561		6/19/2024	
Establishment address				Summary of Violations		
	997 East County	Line Rd., Ste B		1 C, 2 NC, 0R		
Owner				Follow-up	Release Date	
	Kwiatkowsl	ki & Brown		Yes	3/10/2024	
Person - in - Charge	Person - in - Charge Certified Food Handler			Purpose:	Мени Турс	
$\Lambda$ dam		Leah		Routine	4-Extensive handling	
Ale82greenwood6	15@gmail.com					
Establishment Identification #		County	District			
2280	)	Johnson	D5			

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

Sec#	C/NC	R2	Violation Observed:	To be Corrected by
415	С		Observed small flies in back store room around CO2 canisters & water heaters	6/19/24
216	NC		Bare wood observed in the mop room and the back prep/storage room. Bare wood in not smooth, easily cleanable, or durable. Observed squeegee handles in disrepair and no longer smooth & easily cleanable. Unsealed particle board observed stashed between CO <sub>2</sub> canisters – discarded.	6/22/24
402	NC		Floors are not easily cleanable in the following areas: CO <sub>2</sub> canisters, water heaters, beneath inverted milk crates, & 15" space between wall and walk in cooler in back prep/storage room.	6/19/24
393	NC		NOTE: Outside dumpster shall remain closed when there is food waste inside and the drain plug on both dumpsters is missing. The drain plug is required by law to deter rodent activity.	
336	C		NOTE: Observed a y-valve (downward shut off) connected to mop sink with a green hose and white hose affixed to the valve.  Atmospheric Vacuum Breakers (AVB) are approved for use under atmospheric pressure conditions - not under continuous pressure - which the splitter valve creates.  Note: AVB not approved for continuous pressure	7/1/25

Adam, Establishment Representative Inspected De: Plizabeth Senisse, PHS (317) 346-4373 esenisse@co.johns

esenisse@co.johnson.in.us

Adm Timtan

Elyaleth Sensor



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Establishment name	Telephone Number	Date of Inspection	ID#
AlleNDATE CAMP	( ) Establishment	114 27	ID# / 11 J
Establishment address	( ) Owner	617109	649
4605 S. ADENORE DR. TORFAZY AT DU	Purpose:	Follow-up Release	Daté _
Owner	1 Routine	PES 6/1	4124
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Owner address FELLO WS FM		-	
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC_	R
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Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
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Section # C/NC R	Narrative		To Be Corrected by
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			Page 1 of

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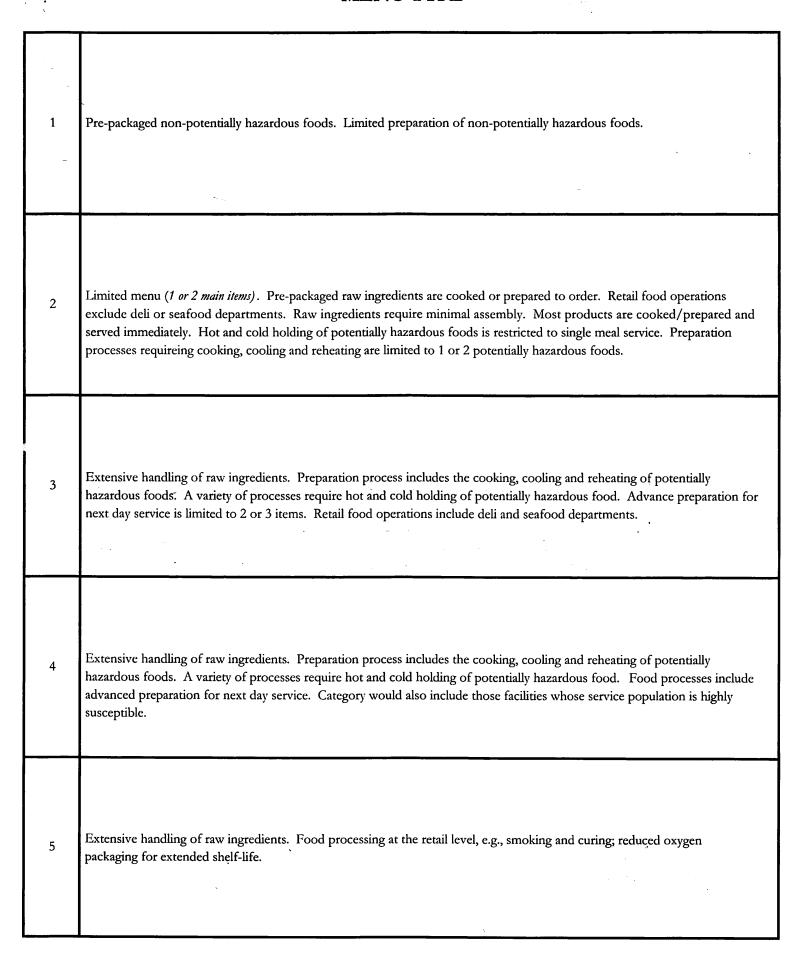
Establishment address 1200 PARKAW. FANKITI IN Purpose: Follow-up Release Date	Establishme AWC	nt name	m	Legion Post 205	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Owner AMP (ICAN LOGION  AMP (ICAN LOGION  AMP (ICAN LOGION  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food handler  3. Other (list)  Menu Type (See back of page)  Certified food handler  3. Other (list)  Menu Type (See back of page)  Certified food handler  3. Other (list)  Menu Type (See back of page)  Menu Type (See back of page)  Certified food handler  3. Other (list)  Menu Type (See back of page)  Menu Type (See back of	Establishme	nt addres	SS				
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Person in charge  JOHR BOASLOY  6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food hardler  JOJO BO BOASLOY  6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food hardler  JOJO BO BOASLOY  CERTIFIED THEM ARE DENTHEED IN THE CHECKLIST AND NARRATIVE COLLIMNS MARKED "C"  VIOLED NOS PREPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC RY  NATITATIVE  TO BE Corrected by  MATTATIVE  TO BE CORRECTED BY NOT CLERN  AND SECTION OF THE STAND NOT CLERN  PART OF COLUMN SOUTH NOT CLERN  PART OF COLUMN SOUTH PROPERTY OF THE STROOM (ACM)  TO THE TRINK OF THE STROOM (ACM)  TO THE TRINK NOTE OF BARN NOT CORRECTED BY (INSPECTION)  Received by James and file printed):  JOHN BUSINESS  Received by James and Jule printed Book an	A	me	25	An Legion		Summary of Viola	tions:
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Responsible person's email  7. Other (list)  Menu Type (See back of page)  Certified food handler  Jod TO  BOBSISY  SERVSAFE (	Person in ch	arge	o fa	200-104	5. Temporary	C_O_NC_	5 R
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Page 1 of	cc:	JUN		cc:	cc:		
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r	
1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		ation require	ments. The time mint for corre		_	or time reports		
Establishme			and complete the first process of the second	Telephone Number	Date of Inspection	ID#		
ANT I	1406/			( ) Establishment	6/11/24	2663		
Establishme	nt addres	s	4614)	( ) Owner				
536	7 1	15R1	4614) 35 Carennos 10	Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	6,	121/24		
WILL	LIE	RUEGNO	ER	2. Follow-up	Summary of Viola			
Owner addre				3. Complaint				
				4. Pre-Operational				
Person in ch	aroe			5. Temporary	c_l_nc_	( R		
		REDMA	Ha italiantia		C_U_NC_	· K		
Responsible	AH person's	MEDINA	0	6. HACCP	M Town /Coo	hash of page		
Responsible	persons	eman		7. Other (list)	Menu Type (See	back of page)		
Certified for	nd handle	r			-   , , ,			
12	LLIC	ROEGA	IER		1 2 / 3	4 × 5		
CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	Mary and Artistance		IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"				
G. C. T. C. C.			OUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
-	NC							
295	V	- WIE	NION OF ICE MA	HINE IN KIDHE	V 15 Soures	6/21/24		
30.11.11	i elud	0.000 (0.000 )	it i devesad (Sancstor) i iu	But tely child you by	The state of the s	CONTACT.		
336	C	+THE	FAUCET FOR THE	= MOD SINK HAS	SAY	M (ND IXXII		
٢		VALL	IE ATT. ACHEO, T	45 CONNECTED A	HUSE HAS A	6/12/24		
		50r	THE FAUCET FOR THE MOD SINK HAS A Y VALUE ATT. ACHEO, THE CONDECTED HOSE HAS A SPRAY NOZZUE ATTACHED - CONTINUOUS PRESSURE					
	offeren	resource spectrum	Lead to a first and a			- Janeary I		
le lla	-01016	set the Total	فيصفون والمسادية	حصور عالمستقف أللمان	and the state of the A	_helmsed-		
	سعاتا		e endirentit " - Elsala	ol 62 - 1	- 15 10 But 10 5	a wanevhe l		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name APPLO BOOS  Establishment address  700 N MOSTON ST. FRANKETM SM  Owner  Owner	Telephone Number  ( ) Establishment  ( ) Owner  Purposer  1. Routine  2. Follow-up  3. Complaint	Follow-up Release Summary of Violatio	Date 20 /24
Person in charge  MICHAEL KACHE RES  Responsible person's email  Certified food handler	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C_O_NC_3  Menu Type (See base)  123   S	adina di da
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE  Section # C/NC R  256 NC > THERMOMETER N  431 NC > KITCHEN, BAR F.  399 NC ESCRIPTION R  GROUTT WORN  SERVITIZATION R	RRATIVE COLUMNS MARKED "C"  D IN THE "SUMMARY OF VIOLATIONS" AND  Narrative  10T SOON IN MAR  LOOK NOT CLOPN  TO WALL  F  AN APORS OF K.  VISHMACHZINO H  RIND ADOCUMTO	DREFRIGRATOR  UNDER  TOOK  TOO	To Be Corrected by 6 / 18/24
Received by (name and title printed):  Michael Hachelvie  Received by (signature):  ce:  Ce:	25	sted by (name and title printed):  BOD SM/TH E  sted by (signature):  BUS SMAD	Page 1 of 1

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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 Sanitation Req	uirements. The time limit for correction	on of each violation is specified	in the narrative portion o	f this report.
Establishment name  Applehees Velyhle Establishment address  874 SR 13	11, 1-	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:	Date of Inspection  G-3-24  H pm  Follow-up Release	
Owner	5 101/2	1. Routine		-13-24
	1 11 6		Summary of Violatio	
Apple Indi	ana I, LLC	2. Follow-up	Summary of Violatio	115:
Owner address		3. Complaint		
		4. Pre-Operational	1	
Person in charge	and combine or large groups or often a res-	5. Temporary	c_ <i>O</i> _nc	RO_
Brittan	The state of the same harden	6. HACCP	Rithfolia Luce 7 inter	
Responsible person's email	high regulary tractal manuale	7. Other (list)	Menu Type (See ba	ck of page)
Dallas To	202 11-1-29	<b>X</b>	La decongramina in ex-	
Certified food handler			1 2 3	4 × 5
	~			·-/
CRITICAL ITEMS ARE IDENTIF	FIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM P	REVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS	"R"
Section # C/NC R		Narrative	7	Γο Be Corrected by
HE NC FI	loor tile missing	around floor	drain,	7-3-24
402	below Soda J	machine in	wait /exa	0
347 NOTE B	ar paper towe	ls not provi	ded	Correct
	120 000 000 000 000 000 000 000	tonimus la Boltola and St. J. a. 17. 1	i triti igas i i i juniga	(FD 1250)
diam'r at p	samples here	Late and the Same	STREET, STREET	nergy/T
shelma o sensere bross	houst at June 1 11 to 12 1	Challes Lancator and an analysis and an	There is a local	z banenal .
engling a sector for the con-	uners a sendino marca mass. As investos o	se lighter than the reserve	harara a la securio procesa la	sanewho
		1	, all	rejaa-da
1	uto dish machin	e appears +	o pe	Temp▶Rite. 🖁
	- 11. 1	iccurately.		Date: Fecha Emp: Empleado
	\delta \tag{\delta}			Empleado PASS WHEN BLUE BAR TURNS ORÂNGE ES ACEPTABLE CUANDO LA BRARA AZUL CAMBIA A COLOR NARANIA
		9		ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANIA
				160°F/71°C
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2 Britani	Jalishi 4		izabeth De	enisse
Received by (signature):	(	Inspecte	ed by (signature):	2 miling
0 1/2		/ The	nabeth &	enisse
cc:	cc:	cc: (		./
			317-346	-4373
				1 1 6 /

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1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
-	The presinger from potentially frazilitous roods. Estimed preparation of non-potentially frazilitous roods.
(5)(3)	Barton - Print (1997) - Maria - Maria - Maria - Million - Tarin 神秘音音 - Print (2015年) Print - Park - A
2	Limited menu (1 or 2 main items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations
	exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and
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	processes requireing cooking, cooming and reneating are inflined to 1 of 2 potentially mazardous roots.
943 <u>5.</u> 4.	
3	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling and reheating of potentially
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	next day service is infinted to 2 of 3 fterns. Retail food operations include deli and seafood departments.
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_	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen
5	nackaging for extended shelf-life
	premigned for extended shell life.



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

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

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Establishmen		,	stand and transmitted the standard standard	Telephone Number	Date of Inspection	ID#
USIA	m C	h	our Oceans 222 UC	( ) Establishment	1 7 711	10112
Establishme	nt addres	S		( ) Owner	6-7-24	1912
12511	US HI	MU	31N.Spc240 Greenwood	Purpose:	Follow-up Releas	se Date
Owner	· ·	U		1. Routine	1 6-	17-24
Anto	nid	10	moriello	2. Follow-up	Summary of Violat	ions:
Owner addre	ess	~0	11101 1000	3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC_	4 PO
		1	115 kg - 122 11 mg 22	6. HACCP	C	7 R
Responsible	person's	emai	USka-mornager	7. Other (list)	Menu Type (See )	hack of page)
	Percont		her ideal and a man	7. Other (iisi)	Menu Type (See 8	ruck of puges
Certified foo	d handle	r	ServSafe		123_	2 1 =
Keich	and	iu	ska Pibernus (Exp 7/17/2)	\$)	123	45
1	in the same in	of content on the	V	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
259	NC		ambiant air tempera	iture of prep	cooler 46°F	6-10-24
234	NC	ચલ્	ice scoop stored in i	ce bin with h	andle not	corrected
		r quitt	abové ice	. 6 11	r se kennera som	4446
307	NC		Oven vent hood no	t fully closed	1, There	6-8-24
1100	10		are many gaps	· · · · · ·		1 7 7 1
425	MC			dry in between		6-7-24
399			hand washing sin	stored dish	plocked	6-7-24
			by trash cash and	5751 ea a139	2	
-			Notenin-use utensils	shall ha interest	had Dinhed	
			& sanitized &	arciat least a	very 4 hours	
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			Floor	THE OP OF THE		eros molecil
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Treceived by	TAIN		)		Mal 2 18	may)
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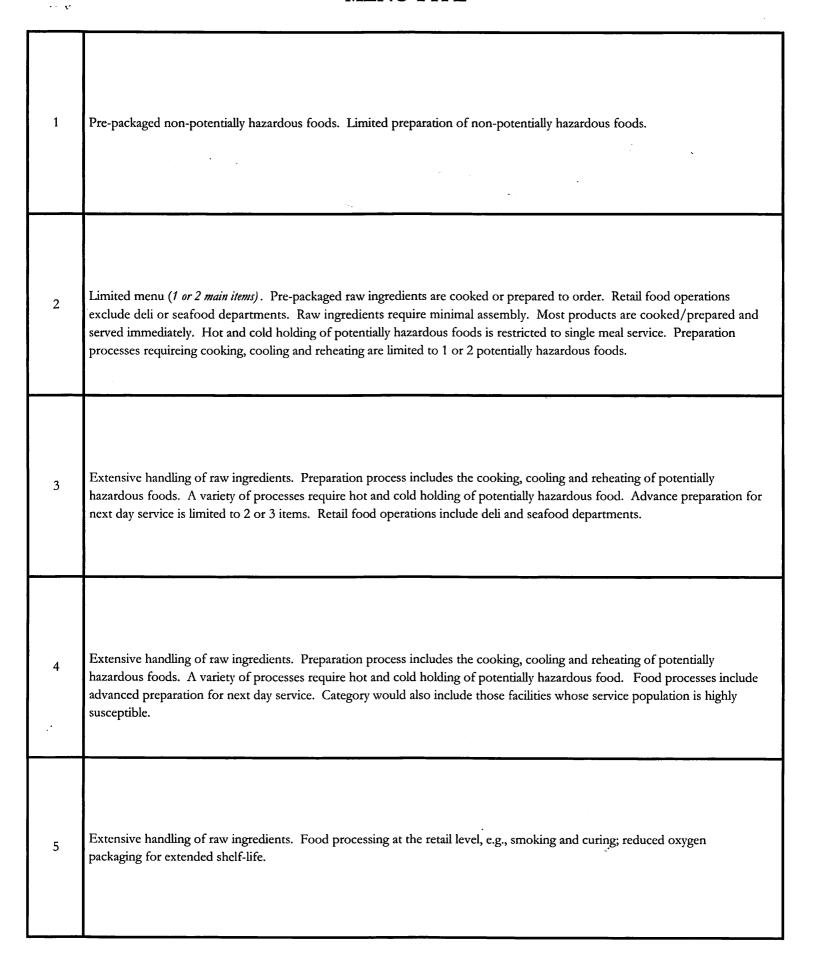


# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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 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 ) Owner Purpose: Follow-up Release Date 17-1-24 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational  $C = \sqrt{NC} = R = \sqrt{R}$ Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler Jackie 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 C/NC R Section # Nate Inspected by (name and title printed): Received by (name and title printed): Villanucu vah Received by (signature): cc: cc: cc:



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

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

Establishment Sanitation Requirements. The time limit for correcti	on of each violation is specified		of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address  A STATE OF TOWN IN IN	( ) Establishment ( ) Owner	6/3/24	2564
1375 Nicole L. 4431	Purpose:	Follow-up Release	e Date
Owner	1 Routine	No	6/13/24
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		3
Person in charge	5. Temporary	c_0_NC_	R
Chris nowacki	6. HACCP	angelora a	- dudazi
Responsible person's email  Serv Sate  Exp:	7. Other (list)	Menu Type (See b	pack of page)
Certified food handler MC Cammon 3/21/29		12 \( \sigma_3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	
Nous	Narrative	100	To Be Corrected by
430 NC ms Kitchen Joor Mu	os the Jooltran		6/21/29
1531 NC Floor and floor behind of	ish unit soiled	F10 En 7 2 30 4	10/3/24
1.510.3.16/1.510 (0) (4.510.4.51) ibin si - 5		CT DAMEST CONTRACT	17/2
295 NC Table top ice maker	and cate ice	aker	4/3/24
train lines soiled,			. /_
MOTE: Chemical discensers h	have elastic gap	c. not ais an	05
100000000000000000000000000000000000000	The state of the s	3/10/4/90	
NOTE: employee open cup of	1 prep table		Corrected
	l	of the state of the formation	_
to to in in the surface of the surfa	-H = 4.725		von de l
			100000000
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#### 460 N. MORTON ST. STE Å FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
BAYMONT	( ) Establishment	1/10/01	10000000
Establishment address	( ) Owner	6/12/24	2648
2122 HOLIDAY IN FrANKLD, IN	Purpose:	Follow-up Releas	e Date
Owner	(. Routine	- 61	22/24
KUMAR PATEL	2. Follow-up	Summary of Violat	The state of the s
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_C	S R
ROBIN AZBERTS	6. HACCP	and John Committee	doubles
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
show with the set of	r John Maria Jedna (* 1965)	requirement of the state of the	s is reported
Certified food handler		1(2_3/3)	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATT     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE RELOW	\S "B"
Section # C/NC R	Narrative	THE NARRATIVE BELOW A	To Be Corrected by
		57P 1DU	mecred
(NOTE) & (1) MEDICITY STORES BREAKFRET BAR (	NOT ESCILATED	)	6/13
295 NC & TOP OF UNDER	COUNTER REF	MSERATOR	6/15
NOT CLOPN	Coult baries Division pales of a principle of	11 - On 12 minutes 13 lv 13	
347 NC ~ OBPOSABLE TOWN	225 NOT AVAIL	ABLE AT	Correction
HANDSTUK		( - m/a - a )	6/12
	STRIPS FOR CH	ZOIT MU SATU	120R 6/20
256 NC & BACK ROOM - CHES	ST FREEZER AM	O UPPENT.	76/20
	ovided with	Tite moment	285
AND THESE UNITS			>7/20
noverbu -		I married to glovel	1111
SMALL DEFREDE	HOR THERMOME	TOR NOT -	-6/20
DOEN BRUNKARST BIA	R)		1 21/21 1202
			4/200
431 NC + BACK ROOM - FLO	OR NOT CLEAN		6/25
CONTO TO BUILT UP IN C	HRY F000200		6/20
(MORD) TO BUILT UP IN C	They were		0,00
Received by (name and title printed):	Inspecto	ed by (name and title printed	):
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Received by (signature):	Inspecto	ed by (signature)	griffinelitr
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<u>/                                    </u>	
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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#		
Bis Lots Establishment address  Exactles			t's	( ) Establishment	6/5/24	1840		
Establishment address Franklin			Franklin	( ) Owner	013/24	1,070		
Establishment address  1538 N. Morton 4, IN  Owner			N. Morton St. IN	Purpose:	Follow-up Release	e Date		
Owner				1. Routine	1			
				2. Follow-up	Summary of Violati	ions:		
Owner addre	255			3. Complaint				
o wher addre			•	•				
				4. Pre-Operational				
Person in cha	arge			5. Temporary	C NC R			
				6. HACCP	ure Page to e. A			
Responsible	person's	emai	Latine being die er en	7. Other (list)	Menu Type (See back of page)			
Certified foo	d handle	r			12  ∠3			
					12_~~3	_45		
• CRITICAL I	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
<ul> <li>VIOLATION(</li> </ul>	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"		
Section #	C/NC	R	I	Narrative		To Be Corrected by		
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1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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460 N. MORTON ST. STE 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		L	a sol ambar	Telephone Numbe	The second secon	ID#		
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page 1 of

JOHNSON COUNTY HEALTH DEPARTMENT

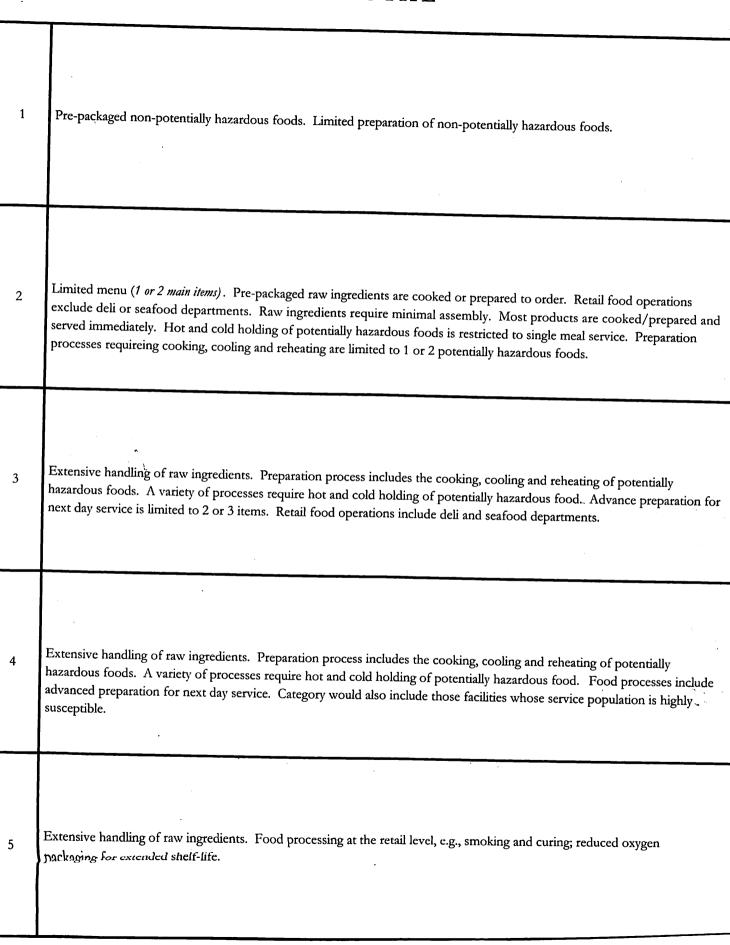
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Date of Inspection

ishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food INSPECTION REPORT Office 317-346-4365 Fax 317-736-5264 KETAIL FOOD ESTABLISHMENT

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

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

Establisher	nt neme			Telephone Number	Date of Inspection	ID#
Establishme	Se.	V'	S Gierral Store	( ) Establishment	127	ID#
Establishme		ss \		( ) Owner	11000	1114
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Owner				1. Routine	-   ]-	8-24
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
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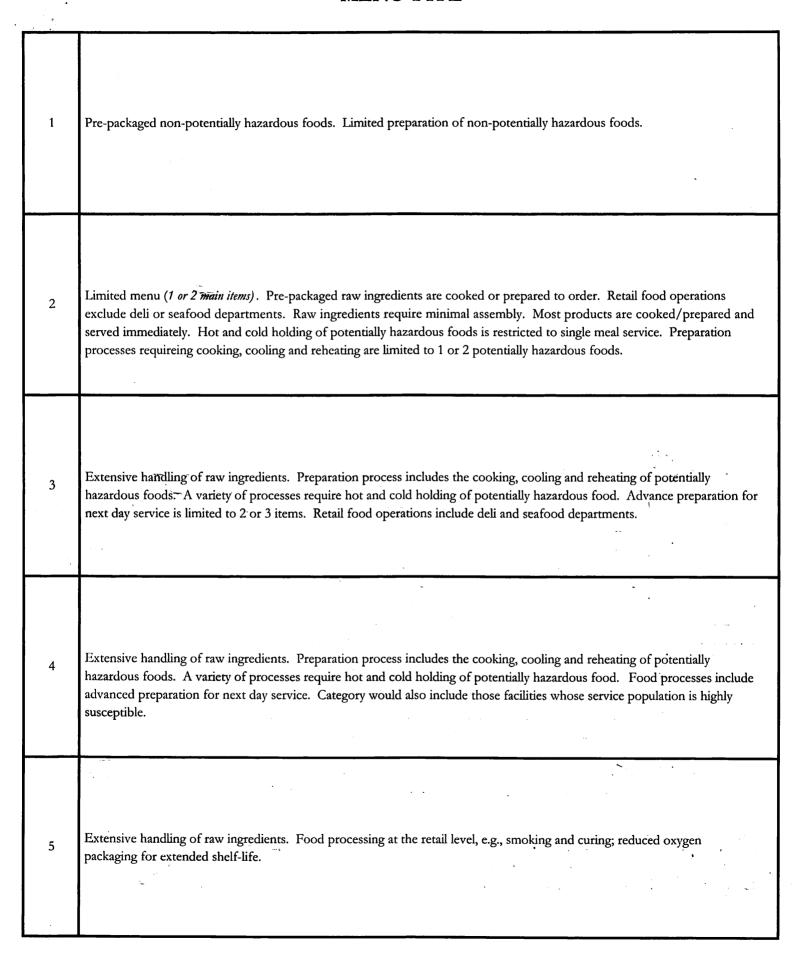
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

CASEYS General SPORO	( ) Establishment	Date of Inspection	
Establishment address	Owner )	6/24/5	14 2005
3048 N MORON FRANKIA	Purpose:	Follow-up Rele	ase Date
Owner	1. Routine	(4es) 7	ascibate
	2. Follow-up	Summary of Viol	ations:
Owner address	3. Complaint	(2)	
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Person in charge	5. Temporary	C NC	6 P
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# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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

INSPECTION REPORT

			A requirements. The time and to content			
Establishme			ation in patentially he says us broads	Telephone Number	Date of Inspection	ID#
Ca	K92	5	General Store	( ) Establishment	11 12 1	111612
Establishment address  Establishment Address				( ) Owner	(0-1,)	7 7 6
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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#
Chichans Vizza	( ) Establishment	11 22 211	111
Establishment address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	( ) Owner	10-61-69	1001
12 N Sh 125	Purpose:	Follow-up Release	Date
Owner	1. Routine	17-	7-79
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Owner address	3. Complaint		
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Office 317-346-4365 Fax 317-736-5264

460 N. MORTON ST. STE FRANKLIN, IN 46131

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.

Establishii	ient Samt	ation Requireme	ents. The time limit for correction	on of each violation is specif	ned in the narrative portion	for this report.
Establishing	nt name	2/400	& Bah	Telephone Number  ( ) Establishment	Date of Inspection	1D#
Establishme	ent address		Greenwood	( ) Owner	6/20/24	2291
1281	US 3	31	Greenwood	Purpose:	Follow-up Releas	se Date,
Owner	~ 1.		46142	2. Routine		30/24
Dr	ink	lo		2. Follow-up	Summary of Violat	ions:
Owner addı	ress			3. Complaint	/	
				4. Pre-Operational	2	,
Person in ch	narge	1/0 "	nquar baren pagy	5. Temporary	c_3_NC_	4_ R
NO	We	fleir	yentant.	6. HACCP	ing phone the finite	it shrifted 1
Responsible	e person's e	mail ope louin e	KenSafe Exa	7. Other (list)	Menu Type (See )	pack of page)
Certified fo		, 41	8770	1	1 2 3 V	45
	mu	e sou	1 01/124	<u>/</u>		
1			THE CHECKLIST AND NARRATIVE		ND IN THE NARRATIVE BELOW	AS "D"
Section #	-		S INSPECTIONS ARE DENOTED IN THI	Narrative	ND IN THE NARRATIVE BELOW.	To Be Corrected by
344	0/110	Han	drink in a	and in the	it some	Corrected
017		71411	storus m	etal truk	D Jones	111
399	NC.	Thou	it repair	needed 1	near	7/10/24
1100		ice 1	maker and	deep frye	no	T
439	C	Sar	ange of non		was	Corrected
-		stor	en producti		-eat	
187	C	GUC		itim tal	le/coler	Corrected
101		70	Ontained	he follow	utina	Moved
		int	unal temp	eratlines	- 9	food
	odles se		Shredded C	heese 480	E	ang
- Shares	er latinates and	2	shredded &	ettuce 490	F	Droduet.
		1107	e: Exterior à	hermomel	es read	d own
218	NC	000	ven (kitchen)	mechanica	O yuntilata	
~	///	Lienz	t. Cover ywar	damage		1/1/2
		1 Is	so shell on s		rt. was	
		100	ken 0		1	
D : 11			arge deep ft	yes basket	pected by (name and title printed	agea V
	y (name and	title printed):	Knight Asst	2164	Andrew Mill	er, EN
Received by			(con)	Yhs.	pected by (signature):	Dles O
cc:			cc:	cc	:	
						Page 1 of

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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	susceptible.
5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen
J .	packaging for extended shelf-life.

NARRATIVE REPORT

			NARRATIVE REPORT	
Establish	ment N	lam ) (	r & Greenwood 1281 N US 31 IN 46142	Inspection Date 6/20/24
Section#	C/NC	R	REMARKS :	TÓ BE CORRECTED BY
<del></del>		Г	(4) Cooked torible 1 scrops	6/21/24
			was cracked in two places	1/1/1
430	NC		Two floor drains were	6/30/24
100	<u> </u>		missing in the kitchen	1/1
190	NC	┝	Previously cooked gulled	
			Chicken in a legan pan	Corrected
***		H	measured 49°F while, inside	<del>                                     </del>
			the walk-in-coolen	<del>                                     </del>
			note: Map cink faucet with	7-1-25
			atmospheric vacuus breaker (AVB)	<del>                                     </del>
		_	contains y-value with spray	<del>                                     </del>
		_	nomile.	<del></del>
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received 8	y (warne		Inspected By (Name & Title)  (Inspected By (Name & Title)  (Inspected By (Name & Title)  (Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
State Form 4	18621 (R2	/8-0		



### 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  Establishment name  Circle (  Establishment address  10 N. Molfon H. Franklin, IN  Owner  Owner address  Person in charge  Responsible person's email				Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		se Date  13/24  tions:  2 R  back of page)
• VIOLATION( Section #	S) REPEA	ED FF	The Walleria Cooles Co	HE "SUMMARY OF VIOLATIONS" AND I		To Be Corrected by
uden			* The walk-in CA 48°F.	seles is funning - Keep at	1 high- 38-40 07	
Received by  Received by	DOW	no	MI SLEDGE	10	eed by (name and title printe Lory & Bayles eed by (signature): Luy D. Hany	

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

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

Establishment name  Cival  Establishment address  Owner  Owner address  Person in charge  Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release Date Summary of Violations:  C No R  Menu Type (See back of page)		
Certified food handler		12 \( \sum_3 \)_45	_	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND I     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENCE		IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R  NO 12005  NOtes  Open-err  Notes  Notes  Open-err  Notes  Notes  Open-err  Notes  Notes  Notes  Notes  Notes  Notes  Notes  Notes  Notes  Not	nt Shields me	To Be Correct  To Be	sed by	
Received by (name and title printed):  Received by (signature):  cc:  cc:	I Ca	cted by (name and title printed):  Cted by (signature);		

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

Establishmer C. Establishmer	IRC(		K 131	Telephone Number  ( ) Establishment	Date of Inspection	1D# 686
			KING ST- FRANKIDY, IN	( ) Owner	777	
Owner			V. ) ) - 1 ( WALKE ) F	Purpose:  1. Routine	Follow-up Releas	e Date
				2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint 4. Pre-Operational		í.
	Hell		Sm £774	5. Temporary 6. HACCP	C O NC	R (
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handle	er			1	45
CRITICAL     VIOLATION	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	_		Narrative		To Be Corrected by
256	NC	<b>Q</b>	THERMOMETER NOT LOGITION IN SMI STOCK ROOM	CONSPICUOURY THE CHEST FRE	020K D	6/10/24
431	NC	F	FLOOR SUCFACE NUT STUCK ROOM, WA OF SLUSHUNGT, WE	- CLOPN IN AROUNT COOLER ,	AS OF BACK OF	6/15
431	arc.	0	(1) PESTROOM COST	ing FAN cove	R NOT CLEAR	6/15
295	nc	1	OUST BUILT UP/NOT	CUAN	JENU N	6/15
Received by	helle	2	Smith	1 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ed by (name and title printed SMITH ed by (signature):	): <del>D</del> #S
Received by	(signature	j: L	Smith	cc:	sul In	
						Page 1 of

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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### 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#
(	11/6	ļe	K	( ) Establishmen	6/5/24	1694
Establishmer	nt addres	S	whiteland, IN	( ) Owner	6/5/29	1019
98	9 4	3 :	3(	Purpose:	Follow-up Relea	ise Date
Owner				1. Routine	61	15/24
				2. Follow-up	Summary of Viola	ations:
Owner addre	ess		Herbrick (1) and the late of the company of the second and the property of the second and the company of the co	3. Complaint		
				4. Pre-Operational		
Person in ch	aroe		akama mara in	5. Temporary	C_ONC_	(/ D
r croon in on	ge			6. HACCP	CNC_	<del></del>
Responsible	person's	email		7. Other (list)	Menu Type (See	hach of page
responsible	Persons	CITILLI		7. Other (usi)	Menu Type (See	back of pages
Certified foo	d handle	r			-	
					123	45
CRITICAL 1	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	7 AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	Ne	il in reg	- Floor by the	water hacut	es is	6/7/24
			soiled			
930	NC		- Wiring is expo.	sed in the	stock room	
431	NEC			-11 the sto	ak toom-	6/7/24
431	-1-		Lunder bag n	to ox 1	e./ / 19	11.1.
47'	ne	-		he lettery	STand 15	6/7/24
			501/201			i
					a see i	
line a			Tarana di Santa Tarana di Santa			
			1 4 3 1 4 3		S Defici	The state of the s
						language 1
			1			
Daging 11	(	1/4:1)	Li. A. D	Ir	spected by (name and title print	ed):
Received by	(name and	title p	THE STATE OF THE S	In	Terry D. Bay	0 55
Received by	(cionaturo	) ·   h	1/\1 . 1	In	spected by (signature):	
The convention	(signuinte,	M	pho Valle		Mens > Be	ylen
cc:			CC:	c	c: /	/

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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 Sanitation Requirements. The time limit for correction			or tills report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment name COFFEE HOVSE # IVE  Establishment address	( ) Establishment	6/7/24	1813
HI W MONROL ST. ERANKLIN, FR	( ) Owner		
		Follow-up Release	Date / 24
Owner	1. Routine		The same of the sa
	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC C	R
MICITELLE PETERS	6. HACCP	olis Lindie	ali (579)
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
Responsible persons enimal	7. Other (tist)	Wienu Type (See of	ick of page)
Certified food handler (2)			4 5
Drian Peters		1	_45
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 I	N THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
A NO VIOLATIONS	OBSE RUG		
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	T <sub>r</sub>	11 ( 131 1	
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cc: cc:	cc:		
			,
			Page 1 of

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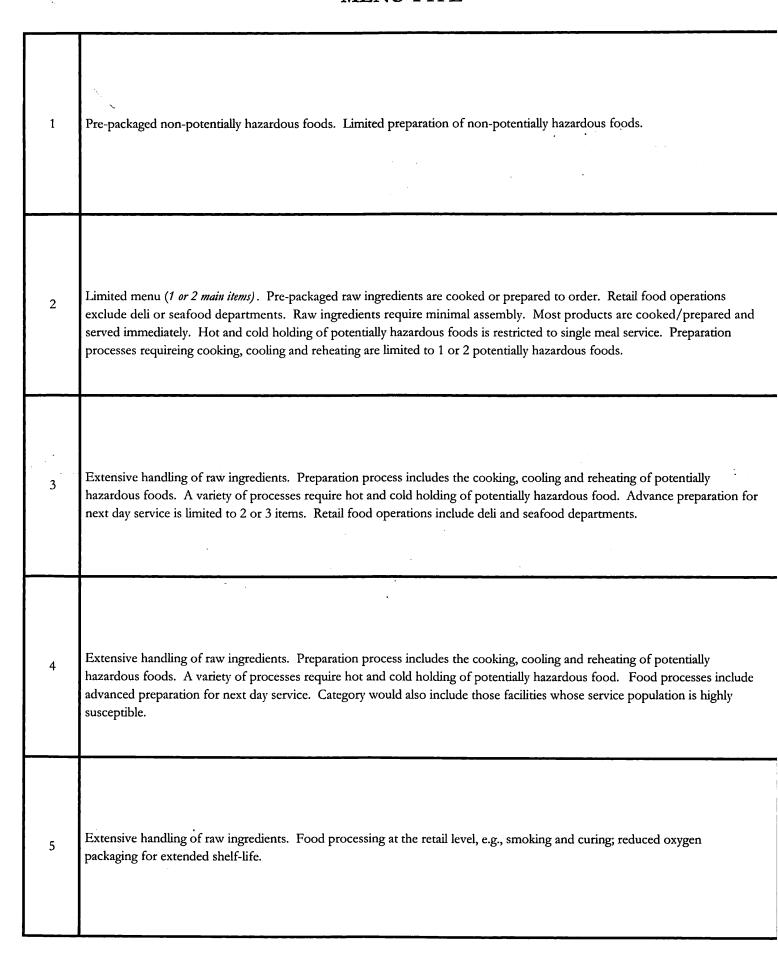


### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

	REPRESENTATION OF THE PROPERTY OF	ARREST TRACTOR				er A
Establishme	nt name	40	on auditaxed allebrounds	Telephone Number	Date of Inspection	ID#
Commu	mty	Ueal	th Altwork Reha	Creen was Owner  TN 46 Physics	01.	
Establishme	nt address		0	Circen wood Owner	6/14/2	24 2234
607	aree	wo	od Springs dr.	TN 4 6 Phipose:	Follow-up Relea	THE RESERVE TO THE PARTY OF THE
Owner				1. Routine		
				2. Follow-up	Summary of Viola	ations:
Owner addre	ess		THE STATE OF THE S	3. Complaint		
				1		
D : 1				4. Pre-Operational	C O NC_	1 2
Person in ch				5. Temporary	C NC_	I R
Lanto	Total and the Landson St.	MATERIAL PROPERTY.	aus arambowy (w. 17 - 11 - 2		12.2	I I C
Responsible	person's e	mail	e Irana aleme vil ter acces p	7. Other (list)	Menu Type (See	back of page)
C:C-16	. 1 1 11		of miltorithis contra	10 - 10 11 Ed - 41 - 11 Miles	- Marget - Par ande	a casoong
Certified foo	od handlet				123	45
• CRITICAL	ITEMS AD	E IDENT	TIFIED IN THE CHECKLIST AN	ID NARRATIVE COLUMNS MARKED "C"		
• VIOLATION				ENOTED IN THE "SUMMARY OF VIOLATIONS" AN	ND IN THE NARRATIVE BELOV	V AS "R"
Section #	-	and the last of th		Narrative		To Be Corrected by
297	Ne	_	Coda min n	ozzles are soiled	(M4)	6/14/24
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dOL Bases	o and so d	001/07	g den grom kar distingt		Words - A variety	1 a 2 O G M E LA T
			nemaning phonon mas bear in		SICC IS HIMITEST 2018	74 - 17 (191)
			MOTE: ( ba	exflow greventer tes	t dats	
			1-	-9-23 An inspectio	n is due	
			(ii) pl	ease make Sure all	employees	
			Lar	e wearing har net	1 0	
	belt area	ng - s	innied he seure		عمالين والمستعملين	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme			about the second second second	Telephone Number	Date of Inspection	ID#
CYOV Establishme	19(	1	over Café	(317) 21504758		, 1160
				(310) 347 - 2332	6-26-24	2646
916 F	E. M	ai	n St. Ste 112 Greenwood	Purpose:	Follow-up Releas	CONTRACTOR OF THE PARTY OF THE
Owner		141		1. Routine		-6-24
Elissa Mckee				2. Follow-up	Summary of Violat	ions:
Owner address				3. Complaint		
6484 E. 350 N. Franklin, 1N46131				4. Pre-Operational		7 11
Person in ch	narge	yrs Fi	of the control of the control of the	5. Temporary	c	/_ R
Eliss	a N	1cl	Kee	6. HACCP	1	A Salt Line
Responsible	e person's	emai	lekation general and a date	7. Other (list)	Menu Type (See b	pack of page)
Cron	Jand	d	overcate@gmail.com	F-5	a maje a jihir kaje	1. D 6.170
Certified for	od handle	er	0		1 2 3 X	45
			DENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW A	
Section #		_		Narrative		To Be Corrected by
112	NC	R	upright Whirlpool treez			
216	NC	R				
0.		_	cooler, not smooth		uble	
310	NC	R	public réstroom vent		1	
352	NC	R	employee restroom do	or not selt-c	Tosina	
239	NC	_	2 boxes of single service		ored 8"0++	
0.00			the ground in back	Storage room		
392	NC		dumpster lid open	1 2 2 1 1 2 1		
255	NC		ambiant air thermon	neter in Whirlp	nol treezer	
			inaccurate	<u> </u>		
	-	-		1 1 11 1	1 11	-1
and miles		100	Notes: 10 hand washing six			
		, 8	an acceptable ho	and drying aevice	at all times wi	HIN CLOSE ProxIII
		_	of sink	1 0	1.0	*
			(2) light shield mis	sing in walk-inc	cooler	
			3 valued goods' (per	and t butter prote	ein balls, 48 bar,	
			oats, + pudding) la	bels do not hav	e address of	
		_	company			
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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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Establishmer	it address	( )	)				( ) Establishment ( ) Owner		1,-25-24 21 11		
114	- N	1	Mer	50M	17/18		Purpose:		Follow-up Relea	se Date	
Owner							1. Routine			- 5 - 64	
							2. Follow-up Summary of Violations:			tions:	
Owner addre	Owner address					3. Complaint					
						4. Pre-Operation	,				
Person in charge					implored on a	5. Temporary	C NC R				
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Establishment name  CAVETS  Establishment address  Owner  Owner	Telephone Number  ( ) Establishment  Owner  Lupose:  1. Routine	Date of Inspection ID#  () 24 2383  Follow-up Release Date  7 4 24
Owner address  Person in charge  Luckster  Responsible person's email	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C NC R  Menu Type (See back of page)
Certified food handler		123_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N.     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOT		IN THE NARRATIVE RELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
	nothine Chemical So	anifizer \$6/24
218 NC OHeary ice builtup con Freez 3 Astro Blender Cov Gilean Fry Scoops	iers (2) (racked/damo	an unit. 6/24 split door seal. aged. bops(a) cracked.
295 NC Inside top of ice Seiteserve soda	e maker soiled. Frains soiled.	6/24
UII NC Lights out in	walk-in freezer	*7/4
431 NC Floor of wak-	in freezer soile	6/30
413 NC Back Joor not	sealing properly	7/8
NOTE: Air gas needed and drive up ice		ofther drain lines 7/15
Received by (name and title printed):  Received by (signature)	Inspec And Inspec	red by (name and title printed):  YEW Miller Evan Probseted by (signature):  Led by (signatur
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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.

			1		1	* [	
Establishmer	nt name	5 (	RUN GOLF COURSE	Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Fetablishment address				( ) Owner	6/07/07	766	
7265 ST RO 44E FRANKLIN, IN					Follow-up Release		
Owner				1. Routine	1	14/24	
				2. Follow-up	Summary of Violatio	ons:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational	C O NC R		
Person in ch	arge T	100	AM AWW	5. Temporary 6. HACCP			
Responsible person's email				7. Other (list)	Menu Type (See ba	ck of page)	
Certified foo	od handle	er			15		
			ENTIFIED IN THE CHECKLIST AND NARRATI				
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