

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

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

Establishme	nt name		*	Telephone Number	Date of Inspection	ID#
1	tarcle	03		( ) Establishment	2/./	12.75
Establishme	nt addres	S	1.1.1.1	( ) Owner	7/1/24	1873
10	AL N	. 1	1531 New Whiteland	Purpose:	Follow-up Release	Date
Owner			ZN	1. Routine		1/24
			1.	2. Follow-up	Summary of Violatio	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_& NC_5	- p
	8-			6. HACCP	C NC	N
Responsible	person's	email		7. Other (list)	Menu Type (See ba	ch of page
Tree paracione	Persons			7. Other (usi)	Menu Type (See ou	ck of pages
Certified foo	d handle	r		Market Committee	1 2 3 \( \neq \)	4 5
1	Cir	111	3 Tello Rumirer		123	.45
• CRITICAL			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			
Section #	C/NC	R		Narrative	ľ	To Be Corrected by
107	. A				,	2/:
127	NL		Bottles of water	mproperly stored	in	7/1/24
			the ice much	ri 1e		
1125	NC		46 4 2000 - 5 20+	had to the	o dry	7/1/2.
307			GER IN hood f	hung up +	o ary	7/0/-
20 1	NC		1564 11 11000 F	1 (18)		1181 W
324	NC		Driale muchine.	is drain is ke	aking	7/8/24
7	4.0		on the floor	D 4.1.7		
216	NC		Front counter she	If is in dis	repair.	12/31/24
				ha e	20.75.0	e laŝ
	1.5	-	R err P		7	
						The same of the sa
-						
Received by	(name and	title t	rinted):	Inspecte	d by (name and title printed):	/
1.	1.1	_ '				ayless/
Received by	(signature)	:,			d by (signature):	) /
1	ZIR	IN	10 TOUL 0		June D	ch Cr
cc:	,	-	cc.	cc:	/ /	1



4 100

#### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

#### 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#
Homerun Burger Establishment address  4/0/21	( ) Establishment	7/30/24	2830
1011	( ) Owner	1130129	0020
1599 N. Morton St. Franklin, IN	Purpose:	Follow-up Release	Date
Owner -	1. Routine	YES 8/9	124
	2. Follow-up	Summary of Violati	NAME AND ADDRESS OF TAXABLE PARTY.
wner address	3. Complaint		
	4. Pre-Operational		
erson in charge	-	$_{\rm C}$ $_{\rm NC}$	6 R
	5. Temporary	C NC	
Circory Pirkl esponsible person's email	6. HACCP	N. T. (C I.	-h-f
esponsible person s'eman	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler (State Food Safety exp)			4 5
Gregory Pirkl 5/4/29		123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
87 C cheese sauce hot	held on asse	mbly line	7/30/24
internal tempera		in the riberus.	WINTERNATURE
130 NC Osouth entry door	rubs against o	door frame	8/10/24
	as heavy ice b	vildup	
le em plo yee stated	d this is a co	mmon	
occurence			
3) south drive thru w	sindow heavi	ly rubs	18/10/21
		, creating	8/10/24
344 NC single service item		am Dhue	7/30/24
restroom	3 Stored III C	ripiogee	1130121
239 NC Single Service item	s stored on the	10 floor	
throughout estab	lishment	Comment and the server of	
74 NC bulk sugar contain	ier near North	drive Huru	firmos
window not latele	20		
34 NC Sturotom cup use	20	(Sugar,	1
234 NC Styrotom cup use	d to scoop bull Container	0 '	1
334 NC Styrotom cup use Stored in Sugan (	ed d to scoop bull container g in walk-in coo	ler a freezer	X/10/24
334 NC Styrotom cup use Stored in Sugan ( III) NC lights not functioning due to light shield	ed to scoop bull container g in walk-in coo pling full of wat	ler a freezer	
334 NC Styrotom cup use Stored in Sugar ( HI NC lights not functioning acceived by (name and title printed):—	d to scoop bull container g in walk-in coo peling full of wat	ler of freezer ter ed by (name and title printed)	. \ . ) 1/15
234 NC Styrotram cup use Stored in Sugar ( HI NC lights not functioning due to light shield in Sregory Dirk	d to scoop bull container g in walk-in coo pling full of wal Inspect	ler of freezer ter and by (name and title printed)	
234 NC Styrotram cup use Stored in Sugar ( HI NC lights not functioning due to light shield in Sregory Dirk	d to scoop bull container g in walk-in coo pling full of wal Inspect	ler a freezer ter ted by (name and title printed) a farageorge ted by (signature):	2 10 1145
34 NC Styrotom cup use Stored in Sugar ( HI NC lights not functioning acceived by (name and title printed):—	d to scoop bull container g in walk-in coo pling full of wal Inspect	ler of freezer ter and by (name and title printed)	2 10 1145

Establish	_		1 /	Inspection Date
H M	Wh	U		7/30/24
Section#	C/NC	R	REMARKS Franklin, IN 46/3	TO BE CORRECTED BY
425	NC		Brooms & squeegee not	7/30/24
			hung up and stored in	7 7
			the mos sink basin	, ,
<i>334</i>	C		no air gap provided on	8/3/24
139		$\vdash\vdash$	arin une for one	7/20/21
131	C	H	South soda station ice	1/30/24
		Н	bin contained a magnet,	Clan
		П	a hair and unknown	COCAL
· · · · · · · · · · · · · · · · · · ·		П	White debuis	1
399	NC		Certina tile contained cuts	8/5/24
			and was damaged near Sout	h'
			druve-up window	
413	NC	Ш	air curtains not turned on	Corrected
		Ш	for walk-up window and	<u>                                     </u>
115		Ш	South drule-up window	J. J.
112	NC	Ш	"Krib Bling" small chest freeze	N 8/8/24
		Ш	not NSFO/ANSI approved	Kemove/
256	NC	Н	lackla an ambient air thermi	metery to
395 222	NC	Н	and contained spilled food deb	PLD 1/3/1/2
227	NC	H	easily movable (i.e. on wheely/ca	1 8/21
431	NC	$\vdash$	Mechanical expanst hood kittors	7/30/24
157	100	П	are soiles above flat too gull	175001
218	NC		Flat top gull was missing	Corrected
			the front cover in area of	7
			temperature control knows	1,1,
388	NC	Ш	Dumpster pad (exterior) contained	8/1/24
		Щ	trash and 'delonis (netent)	<u>'                                   </u>
	]	*	- note: Remove film/covering on	
		Щ	Regency stringless steel table	
		Ш	bottom shelf	
		$\vdash$	u	<del>                                     </del>
		$\vdash \vdash$		<del> </del>
	<del>                                     </del>	Н		<del>  </del>
		$\vdash$		
		H		
Received B	V (Name	 &∕1i	tle) Inspected By (Name & Title)	
(			MiaPapageorge, EHS	Page <u>2</u> of <u>2</u>
State Form4	<del>////</del>	_		



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

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#
limmu	1.101	ins	1	(317) 887 12400		
Establishme	it addres	S		(317) 4790212	7-31-24	2585
733 L	seu	JS'	Blvd Greenwood, IN 46142	Purpose:	Follow-up Release	Date ,
Owner			,	1. Routine	- 18-9	1-24
Case 7	Hoose	r		2. Follow-up	Summary of Violatio	ons:
Owner addre	ess		41.032	3. Complaint		
9640	Con	nm	46032 erce Dr.#422 Coumel,1N	4. Pre-Operational	1	
Person in ch	arge			5. Temporary	c_Onc	R
The second secon			The Ballet Co.	6. HACCP		
Responsible	person's	emai	1.	7. Other (list)	Menu Type (See ba	ck of page)
admir	1@C	ul	(nary-capital.com			
Certified foo	d handle	r			123_\(\nabla\)	_45
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative		To Be Corrected by
347	NC		No Paper towels at	hand washing	sink	
E1 1 919	age i		Note: Oxodyna hypania	inde lander Commo	Pariot	
			Note: produce/veggie ?	SIME ALCORD TY OYY	1-faucei	
					3	
	500					
					The state of	
		-				
Received by	name and	title	printed):	Inspecte	ed by (name and title printed):	
				Mia	Papageorge, E	42
Received by	(signature)	<i>:</i>	811 De T	Inspect	d by (signature):	and a
211W	a+1	N	IN OWN CO	-/1	Halfensander	<i>&gt;</i>
cc:		J	cc:	cc:		

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

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

Establishmen 501	nt name	200	GUNTY JAIL	Telephone Numbe  ( ) Establishme	, ,	ID#
Establishmen		7	PITAZ BJ FINKKLIN, FU	( ) Owner	7/17/24	
Owner	( '	102	BILLISC BO FILMKETINITO	-	Follow-up Releas	e Date /27/24
			Goult	Routine	Summary of Violat	
Owner addre	-	-	000 1	2. Follow-up	Summary of violat	ions:
Owner addre	.55			3. Complaint	,	
Person in ch	arge			4. Pre-Operationa	C NC	1 2
r cison in ch	AM	m	ARA ZIELENIOK	5. Temporary 6. HACCP	C_\_NC_	<u>v R</u>
Responsible	THE OWNER WHEN PERSON NAMED IN	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		7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handle	er			- 1	) <sub>4</sub> 5
			(UN KNOWN)		1 45	
			ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS  Narrative	" AND IN THE NARRATIVE BELOW A	To Be Corrected by
336	C/NC	安	mor strk FAU	- Water and the same of the sa	Pi THOO	To be corrected by
220				oses conc	rected wecker	3/1/10/1
DIAGREST.	ME	*	prostde of mi	CROWAN	James	9/1
2000	-	7	PAINT MORN		0000	171
218	NC		V			
		A	mecitanicitz			21/2
650	19	$\vdash$	HOT WATER SK			O D
-		$\vdash$	NERSTE SURFACE		1540F)	
		$\vdash$	VIETOSIE SURI VIE	Coms	10 ( )	
		~	MOCHANICAZ DIS	HMAZHILL	BINAZ RIM:	92
ATT.	9		garge Less THAN		- /CNOT	
			15-25-PST)	)		
		$\vdash$				
Received by	(name and		rinted): Zieleniuk - Cook		Inspected by (name and title printed, Bob Sm 17+	
Received by		):	2. Marile	]	Inspected by (signature):	2
cc:	NHW	w	cc:		cc:	



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

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K-Town Kovean BBQ & Hot Pot  Establishment address  878 US 31 Green wood, IN 46142  Owner  Baoxiang Hvang  Owner address  Owner address  Owner address  Owner address  Complaint  Owner address  Owner address  Complaint  (317) 300 1/306 t (917) 6898833  Follow-up Release Date (7-12-24)  Summary of Violations:
878 US 31 Green wood, IN 46142  Owner  Baoxiang Hvang  Purpose: 1. Routine 2. Follow-up  Summary of Violations:
878 US 31 Green wood, 1 N 46142  Owner  Baoxiang Hvang  Purpose:  1. Routine  2. Follow-up  Release Date  7-12-24  Summary of Violations:
Baoxiang Hvang  1. (Routine)  2. Follow-up  Summary of Violations:
Baoxiang Hvang  2. Follow-up  Summary of Violations:  3. Complaint
Owner address 3. Complaint
4. Pre-Operational
Person in charge  5. Temporary  C S NC S R 2
Erlangga - manager 6. HACCP  Responsible persons email 7. Other (list)  Menu Type (See back of page)
Responsible person's email 7. Other (list) Menu Type (See back of page)
Dao Xiang 1987@ hot mail. com  Certified food handler  (Sew Sak esp)  To ther (11st)  Menu Type (see back of page)
Certified food handler Ban Viana Hyana (Sew Safe exp)  1 2 3 4 X 5
Bao Xiang Huang ( 1/5/27 )
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"
Section # C/NC R Narrative To Be Corrected
[C187] C R the following internal temperatures were taken 7-2-24
at the not pot barat 2:30pm: lobster balls 50°F Sprouts 50°F, to fu 45°F, cut watermelon 45°F
Sprouts 50°F, Tota 45°F, cut watermelon 45°H
· ice is added hously and employee Stated cooler
unit was recently repaired
173 C raw marinating meat stored above ready to
344 C 2 handwashing sinks blocked
295 NC the following interior equipment is soiled: 7-7-24
2 large White left most chest heener in the back 8-1-24
430 NC Floor worn throughout Kitchen area
Note: meat slicer shall be washed, rinsed, +sanitized
every 4 hours
Received by (name and title printed):  Inspected by (name and title printed):
Erlanggat [hien] Miatapageorge, EHS
Received by (signature): Inspected by (signature):
cc: cc: cc:



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

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

Establishmer  Ro  Establishmer  R 9  Owner  Owner addre	nt addres	5 :s	Pizza Spot 15 31 whiteland, IN	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Follow-up Release 2 wiks Summary of Viola	9/13/24	
Person in ch				5. Temporary 6. HACCP	C NC		
	d handle کر کر کے	r > EL	Kaw Entified in the checklist and narrative	7. Other (list)	Menu Type (See	back of page)45	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW	'AS "R"	
Section #	C/NC	-		Narrative		To Be Corrected by	
324 (2)(C) 324 (a) (2) 430 245 (b)(2) 346	NC NC		The handsink in the sandwich shop is 7/10/24  But of order.  The toilet tank lid is missing in the 7/10/24  Employee restroom:  The block wall by the steamer unit 7/10/24  The block wall by the steamer unit 7/10/24  The blue towel on the sandwich 7/13/24  Cooler is not stored sanitizer solution.  The hand soap is available at the Pizza 7/13/2  Grea handsink map sink.  The other notes!  Mice diappings were noted in the  Cabinel under the drink dispenser.  Clean the area and a rechecte  Will be made for current activity.				
Received by	NIC	h	11 00	]	Inspected by (name and title-printe	d):/	
Received by cc:	(signature)	: /(	ole M		Inspected by (signature):	ay leas	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



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

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

Establishmer	nt name		> KATAR LLC	Telephone Number	Date of Inspection	ID#
Mas	utl	20	N Exmess Mart	( ) Establishment	7-11-24	71.78
Establishmen		s	- D	( ) Owner	1112	2400
9005	R	13	5 Bargersville ID	Purpose:	Follow-up Releas	se Date
Owner			46106	1. Routine	Ues 7-	21-24
			, 4,55	2. Follow-up	Summary of Violat	tions:
Öwner addre	ess			3. Complaint	No S	core
				4. Pre-Operational		. /
Person in ch	arge		0 1 0	5. Temporary	CNC	/ R
Xnn	MI	1	Tatel (	6. HACCP		
Responsible	persons	emai	Sew Sate, Exp: 1/19/26	7. Other (list)	Menu Type (See l	back of page)
Certified foo	1	r 2 -	tancourt Singh		123	_45
mna			0			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		A IN THE NABBATINE BELOW	AC UDU
Section #	C/NC	_		Narrative	IN THE NARRATIVE BELOW.	To Be Corrected by
beetion #	C/TTC					To be deficed by
	diagra	SHY#	Julym shall do	the loll	merina:	H <sub>a</sub>
	organi.	pilli	(1) South exterior	2) 18 cultur	light.	ASAP
			is hanging by	the electr	ud	1
			wirest			
			3 Southwest er	sterior corn	er of tho	
			building contai	ins damac	ge to	,
			the litares	and the	elocks m	V
			are not properly	y sealed; in	cluding Th	Cervis corne
			3 Remove, Bodi	furmar c	oden "	Lewi Colde
			4) Mins Restance	2:00	The state of the s	
			A) COLDINA	noar ven	t dama	0)
	7	1000	with mold le	1	nce mes	ent
					near han	du l
			Sink			
			(c) No han			
			(D) No pap	er towels		\/ \/
D : 11	,	1		ind wash	cted by (name and title printed	7):
Received by	211	/	printed):	Ä	ndrew Mi	Then EHS
Received by	(signature,	)i		Inspe	A crew Mil	26
cc:			сс:	Ç.		
						Page 1 of 3

Establishment Name	Address	Bargerourille	Inspection Date
Monathon Exmoss	90"SR 135	1N 46106	7-11-24
Section# C/NC R Mas	上 REMARKS		TO BE CORRECTED BY
( Women	is Restroom		
<b>@</b>	toles in wall	above	
I hand s			
(B) K	Pug. (carpeted)	on floor mean	
toliet	8 1 /	0	
61		aste can	
6 Ceiler	g tile star	ned in	
hallwar	jo before mi	ens restroom	
	Gerhedd bal	last not	
Juoneina		1 d. 1	
8 Remo	D + D + D	. Idul	<b>—</b>
one apo	i Coole	h 51°F at 2"	46.000
	ey + Cheese,	NOTE ALL	13 pm
Crac	000 1. 1505		
Luhles	INVIOL HT	Hackory	
one do	m (Doley	Harring	
	hormometer	(Ni nego	
	Jeney one d		
(11) and an	buent air o	1 this	
Junit w	20 49°F at 2	1241 pm	
1 Single		ot placed	
	sensed in	a holder	
		drain not	
accessible	e for clean		
Gestalions		ATMP / U	
1 1 Remove	A . DA	ntised	
	son cooler. If	used this	
(6) 10 0 00 00 00 00 00 00 00 00 00 00 00 0	<u> </u>	castero	
	Der Houselva	leitchen	
I hand Au	he loures a	- remain	<b>,</b>
M ND ALL	at sanitires of	test lets)	
( Remove			(1.33 ga)
Lor "R	esidential Tise	Only 4	C 9 3
(10) Jh 100	bay sink	bottom plumb	ing
Theld up ev	ith everage n	acks and	•
lacks a	n air aad		<b>V</b>
Received By (Name & Title)	Inspected By (Name	& Title)	/eage 2 of 3
	WINDUW	I INCHEST EST	

Establishr		me Address Paroprovile	Inspection Date
man	ath	Address Address Bargeraville 90°5R 135 Bargeraville	7-21-24
Section#	C/NC R		TO BE CORRECTED BY
1		(2) Hole in ceiling we (Ritchen)	
		(2) CE chest fromes not NSF/ANSI	
	-	spapproved and no thormomotor	
		Seen	
	<u>(</u>	29) Person en Charge could not	
		demonstrate proper colding.	
		Inolding makinium temperature	2
	<u> </u> Q	B) Hole un kitchen ceiling	
	- 1	tile above cos booster	
	-C	26) Main backflow preventer	
		(Reduced Pressive Principle)	
	<u> </u>	I Drocked by ice maker is	
	<u> </u>	Soiled (i.e. mold like substance	
		30 Oce maker stored on	
		Donous blocks	
	(	D'Water softener Jemperature	
		and Pressure Reliet Value	
		pioina lacks our gap into mos s	3UNE
	(	(10 lilet mop not hung up	
		(31) Chemical spray bottle not	
		Thadaled	
	(3	30 Overhead light out by walk-up	_
		Looler and 1.	
	(?	32) inside walk-yn-cooler	
	(3	printing kyon of bevoluge	
		Twalkin- cooler contained	
		mumerous vererge products	
	<del>(2</del>	30 Exterior shed storing ringle	
		or robert mos Shed stingles	
		no missing or West exterior	
		too and lots of disposit accesses	
		deteriora ted	
Received By	(Name & 7	Title) Inspected By (Name & Title) Willer, EHS	Page 3 of 3
		(Maren / Miller, Etts	



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

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

W

Bottomorni			in requirements. The time mint for confective		1		
Establishme	nt name	_	2222426	Telephone Number	Date of Inspection	ID#	
21	114	2_	CAESARS	( ) Establishment	7/22/24	1820	
Establishme				( ) Owner		2000	
906 N	Jyv	101	RYON ST. FRANKLIN, AN	Purpose:	Follow-up Releas	se Pate	
Owner				1. Routine	1-18	Q/24	
-				2. Follow-up	Summary of Viola	ions:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	narge	ri E	A read the all a read becomes a subsidiary of	5. Temporary	C_O_NC_3	3 <sub>R</sub>	
1000	ANKU	SH		6. HACCP	ragabile or accele		
Responsible			la a l'emièlm de biorri e rala de sal	7. Other (list)	Menu Type (See )	back of page)	
			e min a dense	niga i .	gride e gnisaujust	Princesses	
Certified for	od handle	212	K HIMES SERVSAFTE	913/27EXP)	1255		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
Company of the Control of the Contro		TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW		
Section #	-			Narrative		To Be Corrected by	
392	NC	R	dumpster LAD NOT	closed	Est was to gallered	1/25/29	
393	NC	N	ORATIN PLUG NOT PI	ROUTORD FOR du	Impster	8/(	
· 3600	-	×	BAZK OOOR CLOSUID NOT SELF-CLOSING	eo Broken -	LOOR	8/1	
413	NC		NOT SELF-CLOSTING			-	
	-		J				
	-	$\vdash$					
	-	-	<u> </u>		<u> </u>	4	
19 PE 10					11174		
	17T 27 DE		Brief of the Control Charles (18)		the state of the s		
Received by	Å	d title j	brinted):	Inspecte	ed by (name and title printed		
Received by	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Property and Street, Origina	?):	Ankush	Inspecte	by (signature):	gnestrag	
cc:	to make the later		cc:	cc:			
						1	
						Page 1 of	



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

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

	cire outi		quiicii	circo. The ti	inc mine for collect	ion of each violation is s			or and reports
Establishme	nt name	1	(1)	200	15 (6)	Telephone Numb		f Inspection	ID#
1110	M (Y		SYI	110		( ) Establishm	nent 7	10 211	12/12
Establishme	nt addres	SS	0 12	5		( ) Owner		18-24	000
2011	2	(	JK 12	))		Purpose:	Follov	v-up Release	Date
Owner						1. Routine	-	- 11-6	28-24
						2. Follow-up	Summ	ary of Violati	ons:
Owner addr	ess					3. Complaint			
						4. Pre-Operation	nal .		
Person in ch	arge					5. Temporary	c	NC_2	R
	-0-					6. HACCP		J-110_2	
Responsible	nerson's	emai	1		12.1	-1	76	T (Can la	ash of hand)
кезронзгоге	persons	Ciliai				7. Other (list)	Men	u Type <i>(See be</i>	ack of page)
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VOL	CIC	K	brio	Naps	7/22/28	)	1	2/\3	_45
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Section #	C/NC	R				Narrative			To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#	
marco's Pizza	( ) Establishment		2711	
Establishment address	( ) Owner	2/14/24	2211	
Establishment address  989 115 31 N Whiteland, IN	Purpose:	Follow-up Releas	se Date	
Owner	1. Routine	Follow-up Release Date 7/26/24		
State of the second sec	2. Follow-up	Summary of Viola		
Owner address	3. Complaint	***		
	4. Pre-Operational			
Person in charge	5. Temporary	C_O_NC_	Z R	
	6. HACCP	C		
Responsible person's email	7. Other (list)	Menu Type (See	back of page)	
_ 1 - 2 - 1 - 2 - 1 - 2		10 TO TO TO	71 87	
Certified food handler  L Patrick Fridges		12345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		1-	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW	AS "R"	
Section # C/NC R	Narrative		To Be Corrected by	
324 NL Sewer gas odors	under the 3-	bay SINIC		
Plan drown			1000	
	dispenses is	01-5-4	TORK OF A	
under				
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сс:	ce:	1 309		



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

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

Establishmen				Telephone Number	Date of Inspection	ID#
WICI	Dona	la	<i>'</i> 'S	(317)7386441991	7 21 21	1 -
Establishme				(812)799-3724	7-26-26	1555
2080	E.K	ina	St. Franklin, IN 46131	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	\ \ \ \ -	10-24
Ball 1	Janac	aen	nent Group Inc	2. Follow-up	Summary of Viola	tions:
Owner addre	ess U	desiration in		3. Complaint		
31292	5thS	7.7	#374Columbus, IN 47203	4. Pre-Operational		
Person in ch	arge			5. Temporary	c	$4_{R}3$
Holde	en s	34	evenson-assistantmanage	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
lisa. cov	terce	a) U	s. Stores. med.com		n 18 jupo	
Certified foo	d handle	r			123_X	55
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
AND THE PERSON OF THE PERSON O	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	ALL PARTY OF THE P	N THE NARRATIVE BELOW	THE RESERVE THE PARTY OF THE PA
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC	0	self-serve ice chut	es Osadasta	nonspiled	8-1
324	NC	S KA	top exterior of me	Marian as	h unit spiles	8-6
524	MC	R	mop sink taucet h	as a T-valve a	ttached	079
430	NC	R	to a wall-mount	ed chemical o	n rubs door	
100	100	1	Frame	THEN S TESTICON	11 1 003 0001	
255	NC			not accurate	and the second	8-1
			Lywork ordersu			
433	146	_	mop not hung to	dry in between	en uses	corrected
Note	. 10			, , , , , , , , ,	11	
204	NC		ice scoop stored in ic	e bin with ho	endle in ice	corrected
NOTE						10
0.44			d			
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer				Telephone Number	Date of Inspection	ID#	
McDonald's		(317) 738613120214	7 3/ 3//	187			
Establishment address		(812) 9993724	7-26-24	Ü			
1139 N. Morton St. Franklin, IN 46131			on St. Franklin, IN 46131	Purpose:	Follow-up Release Date		
Owner				1 Routine		-6-24	
Ball	ma	na	gement Group clac.	2. Follow-up	Summary of Violat	ions:	
Owner addre	ess	0	/	3. Complaint			
3129	25th	St	#374 Columbus, IN 47203	4. Pre-Operational			
Person in cha	arge			5. Temporary	C O NC R		
Travi	5 M	ir	inger-Superviser	6. HACCP			
				7. Other (list)	Menu Type (See b	ack of page)	
lisa.	cont	er	Qus. stores. mcd. com		9		
Certified foo	d handle	r			123_\(\frac{}{2}\)	45	
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
411	NC		back right light	in walk-in f	reezer	8-6-24	
			not (ceiling)	functioning			
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					-5		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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



						Description of the second		
Establishment name			Jakor dan kanana	Telephone Number	Date of Inspection	ID#		
TIEX	JOY	1	72	( ) Establishment	7 10 11	MIK		
Establishmer	nt addres	s	Carrention	( ) Owner	1-18-20			
200		N	owling It.	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	1-	-28-44		
				2. Follow-up	Summary of Viola	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational	8 3			
Person in ch	arge			5. Temporary	c = Nc	R		
			The second secon	6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See )	back of page)		
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Certified foo	d handle	r			1 2 × 3	45		
11-	1							
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			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		O IN THE NARRATIVE BELOW.			
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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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Establishment name	Telephone Number	Date of Inspection	ID#		
MI ABVELTTO	( ) Establishment	7/5/24	2210		
Establishment address	( ) Owner	715/27	2319		
377 E JEFFASON, FRANKLINGS	Purpose:	Follow-up Release	se Date /		
Owner	1. Routine	(4es) 7	15/24		
	2. Follow-up	Summary of Viola	tions:		
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge		C O NC	10 p		
ERIC DIAZ	5. Temporary	CNC_	C NC R		
Responsible person's email	6. HACCP	M T (Can	leash of page		
Responsible person's email	7. Other (list)	Menu Type (See	vack of page)		
Certified food handler	OSE FLANCISCO GERN	MARC (5/7/06)	(4) S		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	'IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC B	Narrative		To Be Corrected by		
( MO) = DISH WARE STO	ned IN HARNO	SIN)C IN	corrected		
BAR Area CPI	TCHER)	er er sene to patterned	715-124		
MOP SINK FAVO	et not prol	ADG WITH	811		
(DUNE ATMOSPHOSIC BS	REALKER /ANT	J-SJPHO0	O Vaca 12:311		
device (1)	tose NOT A	(TRCHED)	1 1		
197 NC - WACK -IN FREE	2'ZOR - Je	BUAZTUR	7/10		
Temperature N	1 - 1 - 1		\$5		
	DOD ITHMS AC	T FROZEN	7/8		
177 MC > Some Food PAC	KAGES NOT	SIRON OF	/ /18		
WAZK-IN FREE	INZK-IN (1)	ooler,	i i		
218 NC = SHELF COATE		wrek-2	01 9/1		
COOLER	ty vector an	0 1010 01 - 4	7/(		
295 NC * BACK OF WHIL	K-IN COO DE	R condens	DR 7/10		
NOT CLEBN			1		
291 NC = CHEMICAL TOS	T. PAPERS NO	T Provide	7/10		
	RN THE M.	+5520g	911		
WAZL COVI	NG MISSING	= -BY			
3 complextmen	UT STOK, SOF		COUTTAINERS		
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			Page 1 of		

Establish	_			Inspection Date
MI	15	15 15	VELITO 3T7 E JEFFESON FRANKLIN,	
Section#	C/NC		REMARKS	TO BE CORRECTED BY
199	<b>~</b>	<u>\</u>	RAW MEAT, SHRIMP (FROZON). THAWING IN NON-RUNNING WITTE	arracies
			THAWING IN NON-RUNNING WATE	P 715
44.53.1			0 5 3 10 Mars 0 1628	<del></del>
431	MC		COFCING PONT COVER NOT	7/10
			CLEAN BY 3 COMPARTMENT SINK	
339	NE	<u> </u>	DESTRACKS NOT STORED OFF	7/7
	V-0	1	FLOOR	
		À		6
(10			47°F DN ROFCISOCHTOR GTHER	7/6
			FOOD ITEMS IN REFIGORATION 410F	
			OR LESS	
309	NC	<u> </u>	RESTROOM MECHANICHT EXTH	91/57=
301	100	$\exists$	NOT FUNCTIONENS	7/12
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Owner  TAVED  Owner address  Person in charge  ALI (A  Responsible person's	R/Z   ZO 2000 200 200 200 200 200 200 200 200 2	.cref geography application re-	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#  7/24/25 23:23  Follow-up Release Date 8/4/23  Summary of Violations:  C NC R  Menu Type (See back of page)	
Certified food handl	er -			123	45
		HE CHECKLIST AND NARRATIV	/E COLUMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" AN	ND IN THE NARRATIVE BELOW A	AS "R"
Section # C/NO	CR		Narrative		To Be Corrected by
174 NC	- Buck F	COP CONTOUNTERS A	RENOT LABOU	Monthly of the property of the con-	7/25/21
323 C	mop s			The state of the s	
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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				Telephone Number	Date of Inspection	ID#		
U	n t	he	Border	( ) Establishment	7/8/24			
Establishmer	it addres	S	Greenwood	( ) Owner	110129	1522		
	867	4	1. U531 IN	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	7	118/24		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in cha	ırge		The first state of the state of	5. Temporary	C_O_NC_	C O NC C R		
			<u> </u>	6. HACCP				
Responsible	person's	emai	The second stage of the end of the second se	7. Other (list)	Menu Type (See )	back of page)		
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Certified foo			.00.0.00		123_<	45		
			y manson					
			DENTIFIED IN THE CHECKLIST AND NARRATIVE		ID IN THE MADDATINE DELOW	AC !!D!!		
Section #	(10)		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	ID IN THE NARRATIVE BELOW.	To Be Corrected by		
Section #	C/NC	K		Namative		To be confected by		
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