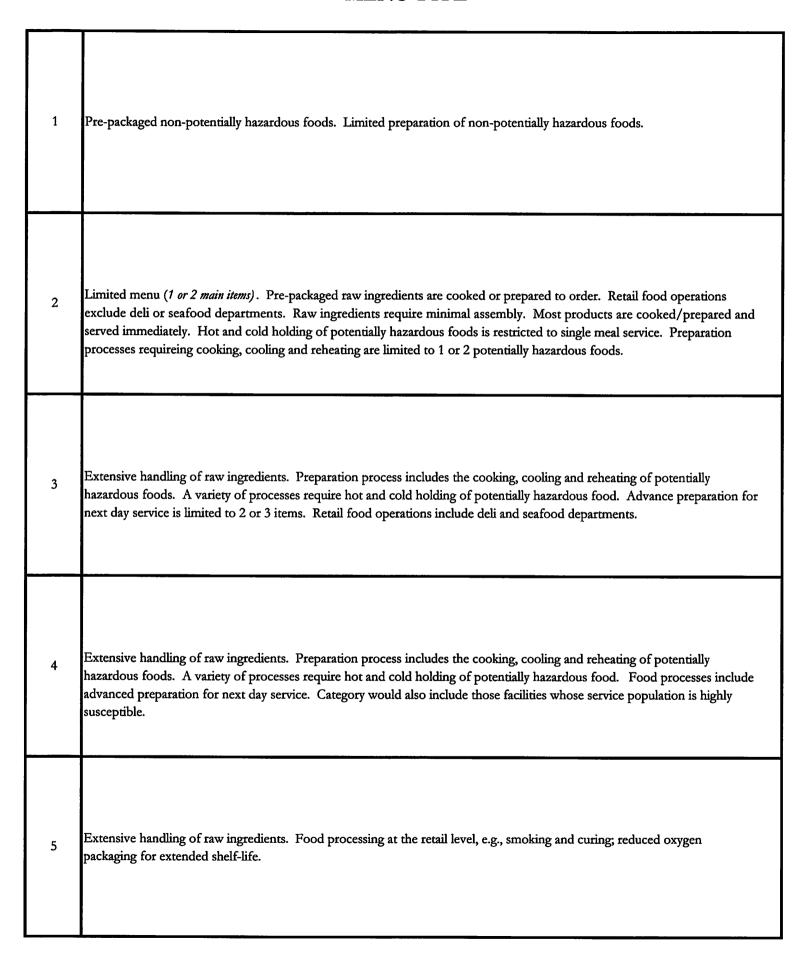


460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishment name	Telephone Number	Date of Inspection	ID#
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Establishment address Covernio	d () Owner	0- 5- 69	100
1751 NIS 61	Purpose:	Follow-up Release	Date
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		Summary of Violation	
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Owner address	3. Complaint		
	4. Pre-Operational	0)	
Person in charge	5. Temporary	C NC	R
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW AS	"R"
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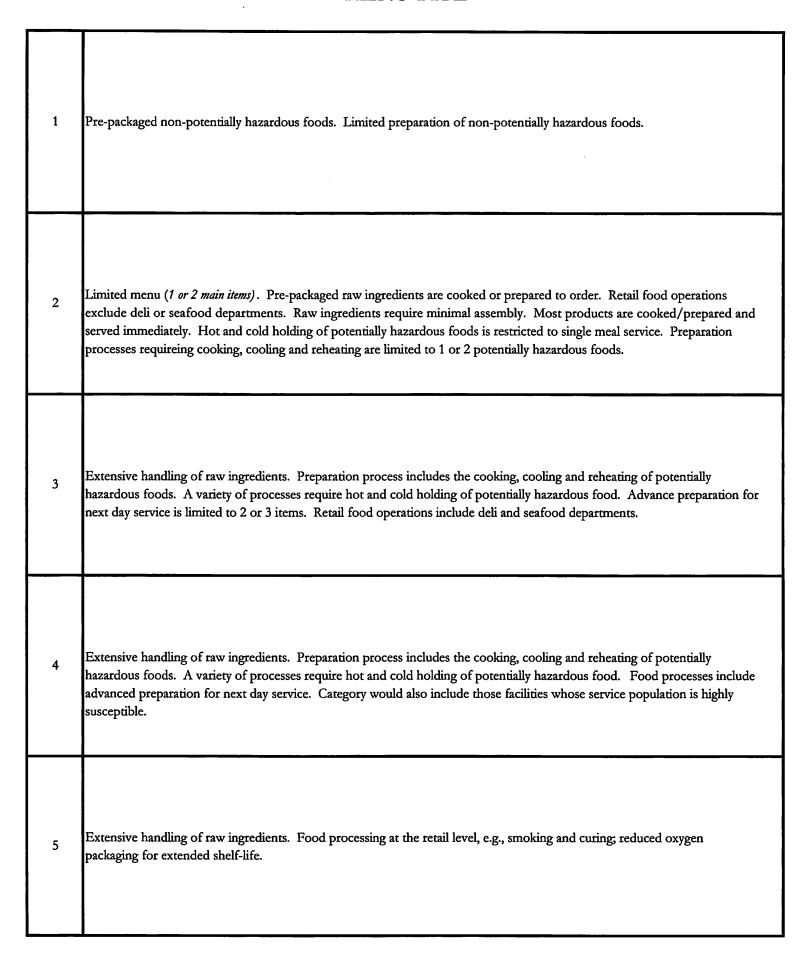




460 N. MORTON ST. STE A FRANKLIN, IN 46131

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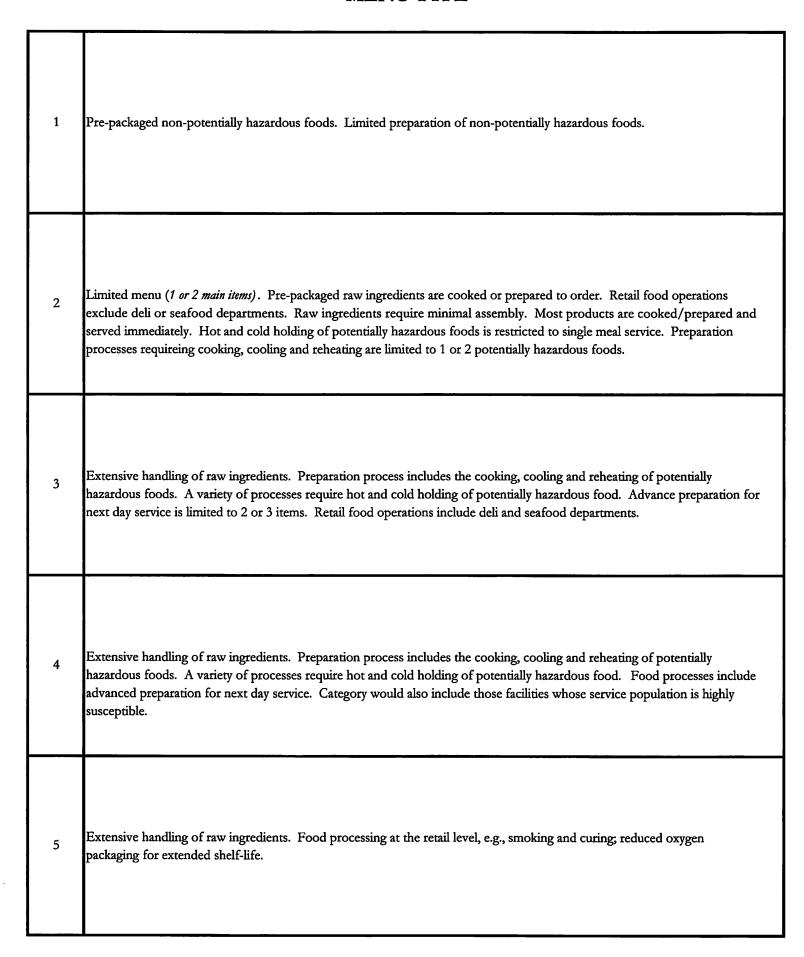




460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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NARRATIVE REPORT

Establish	ment N	am	Address Surgashay 560 N SRBT Greenward	Inspection Date 8-5-24
Section#	C/NC	R		TO BE CORRECTED BY
207	NC	C	Soda nozzles are Soiled	
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State Form 4	8621 (R2	/ 8-0	5)	



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

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Listablishinelli	Janitat	ion requirem	ones. The time mine	t tot contectio	n or each violation is speed		1
Establishment na	nme	shoul am	beesed allementors of	Sult to nultin	Telephone Number	Date of Inspection	ID#
KITTER	25	FROZE	Custano		() Establishment	0/1/20	2371
Establishment ad	dress				() Owner	96/27	2371
3219	w	Pronty	Ino Ro	46142	Purpose:	Follow-up Release	se Date
Owner		007			1. Routine	- 8/	16/24
1 - 10	en 6	To 27	er lisona		2. Follow-up	Summary of Viola	
Owner address	R >	PRUL	CV CV SOM		3. Complaint		
Owner address					· -		4
					4. Pre-Operational	1 0	-
Person in charge		1,	bia je bi i i i i i i i i i i i i i i i i i i		5. Temporary	C Y NC	SR
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1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.



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Establishme	nt name	1	11	Telephone Number	r	Date of Inspec	ction	ID#
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Establishme	nt addres	ss		() Owner		0-10-6	4	1000
300	1),	-	Stones Crissing W	Purpose:		Follow-up I	Release I	Date
Owner		-		1. Routine		_ `	8-10	0-24
				2. Follow-up		Summary of	Violation	ns:
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				4. Pre-Operationa	1		1	
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Office 317-346-4365 Fax 317-736-5264

Establishment name				Telephone Number	Date of Inspection	ID#
Town - Mart I Establishment address (1101161)			it 7	() Establishment	G: / O!!	-778
Establishment address 46164			4(0)(04	(317) QD When 3700	18-6-24	2828
983 E. 775S. Ste B Nineveh, IN			S Sto R Ningual IN	3179666806 Purpose:	Follow-up Releas	e Date
Owner	·	10	o. sieb Milever, IN	1. Routine		16-24
Pagas	mia	+	Gurana	2. Follow-up	Summary of Violat	
Owner addre	ess	ع د	Guraya	3. Complaint		
			2135 Trafalgar, IN 46181	4. Pre-Operational		
Person in ch	arge	.01	2133 11 ajalgan, 12 46181	5. Temporary	c	0 .5
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• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	
Section #	C/NC	_		Narrative		To Be Corrected by
399	NC	R		er unit not s	mooth 4	8-20-24
1101		_	easily cleanable			
431	MC	R	bottled water in 40 pc	acks stored o	n inverted	8-10-24
/100	110			racks at fron		
433	NC	R	wet mops not hung	to air dry	nbetween	8-10-24
385	NC	R	uses -	id open () of 2		8-6-24
399	100		exterior dumpster (Floor cuts (2) inside		- not soolod	8-20-24
324	NC	*	soda machine leakir	Mack-In Cobies	ron seared	8-10-24
007	140		self-serve counte		nection bus	6 10-ag
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Establishment address Swell De				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 Summary of Violatio Menu Type (See ba	7-24 ns:R
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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 A 617 FRANKLIN. IN 4000

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

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Establishme	nt name Thori	1	7005 F	Telephone Number	Date of Inspection	ID#
			3/1/2	() Establishment	8/7/24	913
Establishme				() Owner	, , , , , , , , , , , , , , , , , , ,	
- /4	600	US	315 Greenwood, IN	Purpose:	Follow-up Release	e Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	ions:
Owner addre	ess			3. Complaint		
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Person in ch	arge		* = * D	5. Temporary	C O NC 2	R
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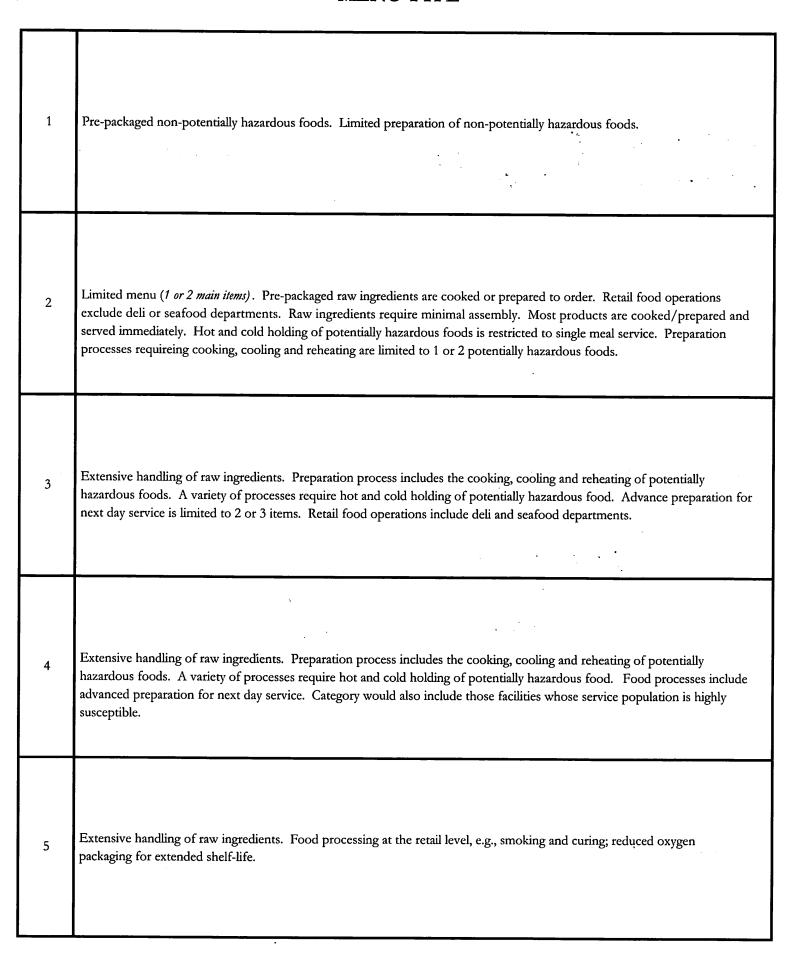
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	ent Sanii	tatio	n Requirements. The time limit for corre	ction of each violation is specified		or uns report.
Establishment name				Telephone Number	Date of Inspection	ID#
Sweettle inaly UC			aly Cla	() Establishment	8/8/24	1853
Establishment address Urren wood EN			U orrenwood, LA	() Owner	0/0/07	1853
1251	US 3	e r	1 46143	Purpose:	Follow-up Release	Date
Owner		-		1 Routine		
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C NC 1	R
				6. HACCP	ì	
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	r			123	_45
			DENTIFIED IN THE CHECKLIST AND NARRAT FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE RELOW A	S "R"
Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	VIII WARRING BEEN	To Be Corrected by
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Establishm	ent Sani	tatio	n Requirements. The time limit for correct	ction of each violation is spe	cified in the narrative portion	n of this report.
Establishme	nt name			Telephone Number	Date of Inspection	ID#
SURPEIND IT COMING & Kroger				√ () Establishmer	nt 0 111 2	07117
Establishme	nt addres	S	20 115 ± 72	() Owner	8-14-29	2177
5960	(N		5K 135	Purpose:	Follow-up Releas	se Date
Owner				1. Routine	- 8	-24-24
				2. Follow-up	Summary of Viola	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge					1 2
r croon in ch	arge			5. Temporary	C NCT	R
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Responsible	persons	ешап		7. Other (list)	Menu Type (See	back of page)
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Ceruneu 100	d Handic				123	45
CRITICAL :	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW	AS "R"
Section #		_		Narrative		To Be Corrected by
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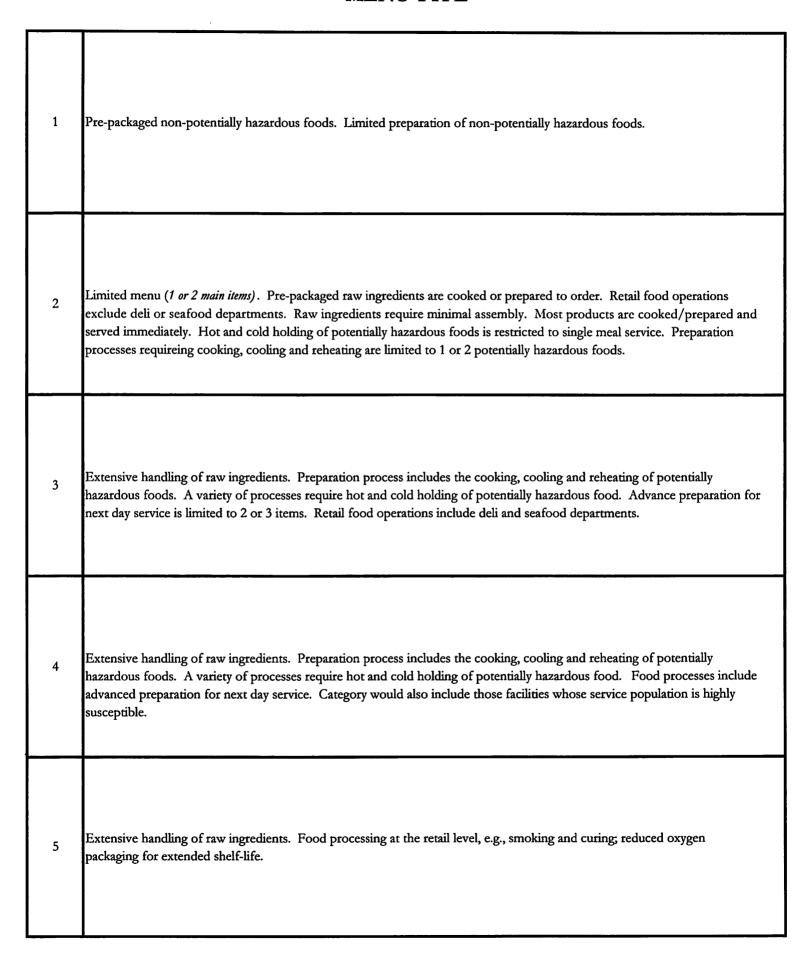
1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
2	Limited menu (1 or 2 main items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requireing cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
3	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Advance preparation for next day service is limited to 2 or 3 items. Retail food operations include deli and seafood departments.
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Establishme			C	Telephone Number	Date of Inspection	ID#
1a.	Ste	Ċ	of China	() Establishment	8/14/24	274.5
Establishme	nt addres	S	us 31 white land,	() Owner	01.7/2/	2302
(989	N	US 31 ZX	Purpose:	Follow-up Relea	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C O NC	3 R
				6. HACCP		
Responsible	person's	emai	ors long the	7. Other (list)	Menu Type (See	back of page)
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Certified foo	od handle	r	- 1	Market of the property of the state of the s	123>	/ 4 5
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		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	-
Section #	_	R		Narrative		To Be Corrected by
430	NC	1	restehen floor	tiles chips	oed and	
110	NC		cracked	- Di-	L = Menito	-/
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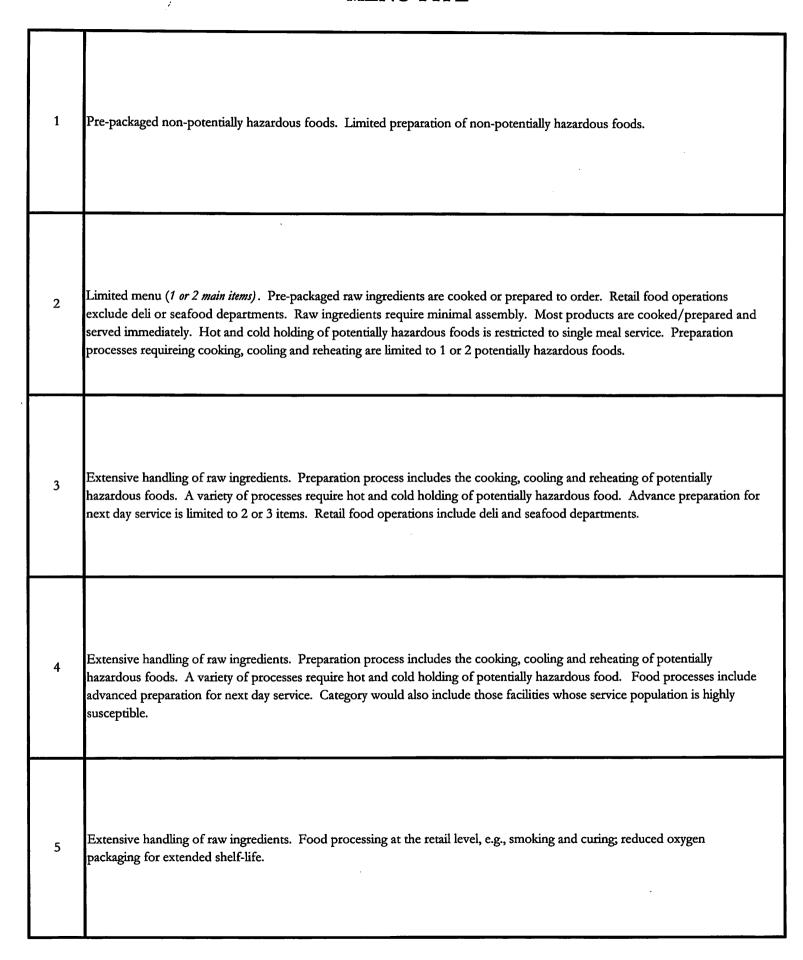




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Establishm	ent Sani	tatio	on Requirements. The time limit for correct		in the narrative portio	n of this report.	
Establishment name				Telephone Number	Date of Inspection	ID#	
STOYDIACKS			chs	() Establishment	0/11-11	11111	
Establishme	nt addres	s		() Owner	8/15/24	1116	
1-2	19	1	1 Morton St.	Purpose:	Follow-up Relea	se Date	
Owner				(1) Routine			
				2. Follow-up	Summary of Viola	tions:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational		_	
Person in ch	arce	_)	$C \longrightarrow NC \longrightarrow R$		
· crson in cr	large			5. Temporary	C_O_NC_		
Responsible	person's	emei		6. HACCP) (C	1 1 ()	
rcesponsible	persons	emai		7. Other (list)	Menu Type (See	back of page)	
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• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRAT	TVE COLUMNS MARKED "C"			
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Section #	V/2			Narrative		To Be Corrected by	
245	NC		· floor/drain under +	ilterest sink at e	ent of line	8/16	
10	1		SoilPla		or to Or Thrice	6/10	
	11177		ogeneral floors throu	ighant soiled	Fig. 1 (a) 1 (b) 1 (b) 2 (c) 1 (c)	Tall Hallett	
Sea Let							
431	NC		inside top of ice mo	achine lightly s	oilet	2/16	
- 1200-110-11							
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Office 317-346-4365 Fax 317-736-5264

Establishme	nt name	1.	I al Earl Mant	Telephone Number	Date of Inspection	
Establishma	ent address	112	TENE POOD THAT	() Establishment	8/15)2	4 2418
340 11 11 11 11/01				() Owner		
Establishment name Whydeland Food Mast Establishment address 340 N. U.S. 31 Whiteland Owner			ces, 31 White land	Purpose:	Follow-up Release	se Date
Owner				1. Routine	C CX7: 1	
0 11				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	O D	
Person in ch	arge			5. Temporary	C_O_NC_	ØR
				6. HACCP	10 May 10 190	Just Harry
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
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Certified for	od handle	r			123	45
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			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"
Section #	_	-		Narrative		To Be Corrected by
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			No of	un food		
						
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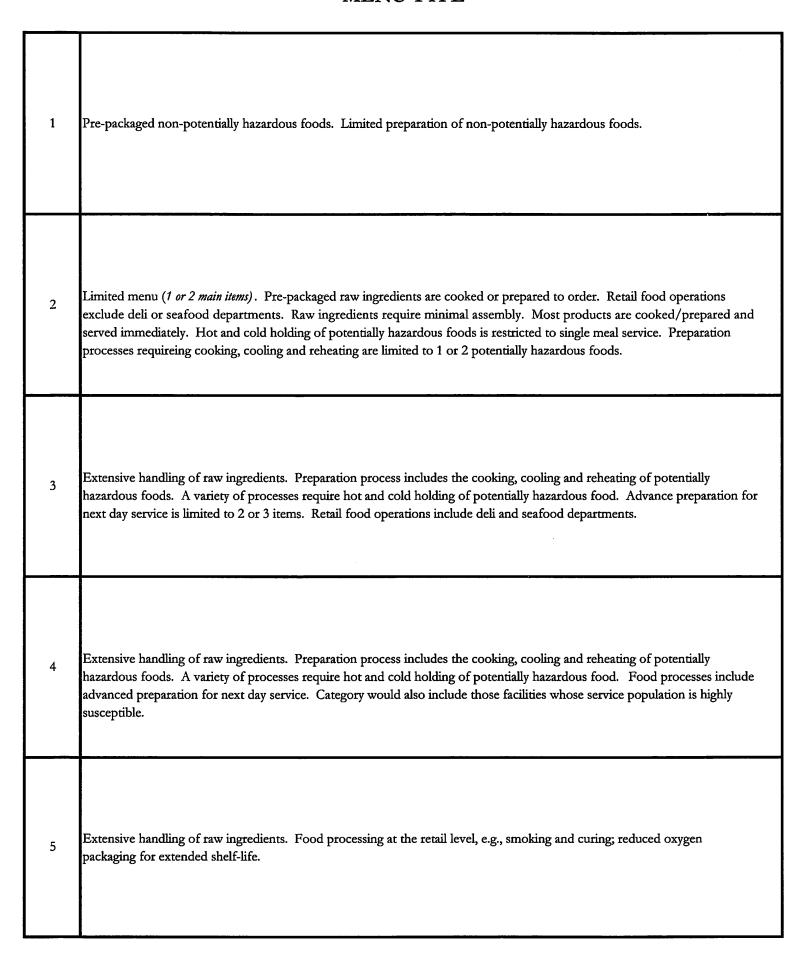
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			r Requirements. The time limit for correction				
Establishment name Village Panliy				Telephone Number	Date of Inspection	ID#	
Establishment address 520 W. Maridian 9+ Owner Greenwood			THI HIT	() Establishment	8/19/24	231	
Establishmen	nt addres	S		() Owner			
	5	20	W. Maridian St	Purpose:	Follow-up Releas	e Date	
Owner	and the second		Careenwood.	1. Routine			
			AN	2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	C NC	S R	
lien.				6. HACCP			
Responsible	person's	email		7. Other (list)	Menu Type (See l	hack of page)	
1				7. Other (usi)	Wiena Type (See 8	ruck of puges	
Certified foo	d handle	r			1 2 / 2	4 5	
					123	45	
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
• VIOLATION((S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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295	NC		Hard ress build-up	on the 3-60	aysinle	10000000	
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431	NC		Floor, in the stock and office area is				
			Soiled.				
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			Stock an	the store so	31 that		
				d equipment	are off		
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460 N. MORTON ST. STE A 4 7 FRANKLIN. IN 400

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. Date of Inspection Telephone Number) Establishment 415) Owner Follow-up Release Date Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational C _____ NC______ R______ Person in charge 5. Temporary enniler Flodder 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler CRYTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAZIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R inspection noted at sime Received by (name and title printed): Inspected by (name and title printed):

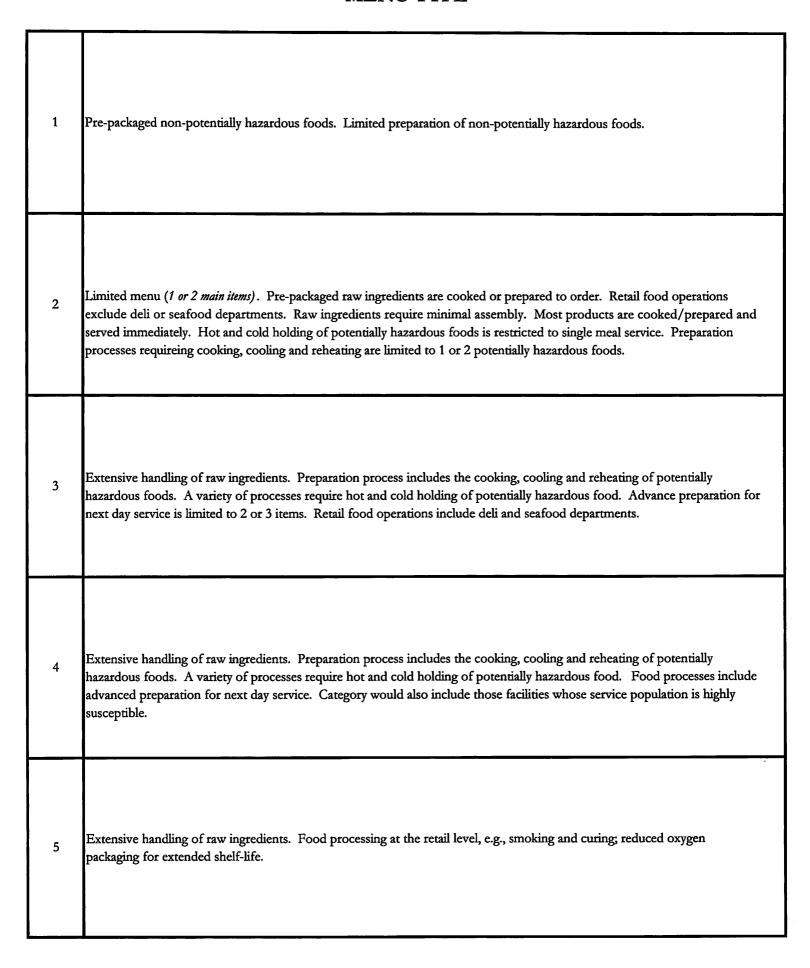
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Stabilishment name	Establishn	ient Sani	tatto	n Requirements. The time limit for correc	tion of each violation is specified	in the narrative portio	n or tims report.
Purpose: Routine 2. Follow-up Release Date Routine 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **NOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Notes: Note				day (fermion)	Telephone Number	Date of Inspection ID#	
Purpose: Routine 2. Follow-up Release Date Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE MARRATIVE BELOW AS "R" Section # C/NC R NATTATIVE To Be Corrected by Notes: Desarching "CALL" And A Coder" Apple with the code of the coder of the co	Starbucks Coffee #66775				() Establishment		011
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Notes: Samitzer Solvtion (ESS than 150 ppm Destrum "Out of order" Appendix Notes: Samitzer Solvtion (ESS than 150 ppm Received by (name and tilk printed): MR. Marken, MR. M.				10.10	() Owner	8-20-24	3811
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Notes: Samitzer Solvtion (ESS than 150 ppm Destrum "Out of order" Appendix Notes: Samitzer Solvtion (ESS than 150 ppm Received by (name and tilk printed): MR. Marken, MR. M.	189 E. Worthsville Rd. Green wood, IN						
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational Ferson in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Note of Color" Note of Color" NOTE of Color of Colo	Owner				1 Routine	- 8-	30-24
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Notes: Waithzer Solvtion (255 than 1570 ppm - Offer (list) - Order (list) - Other (list) -							
A. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 4 5 Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NATTATIVE TO BE Corrected by Notes: Osa intizer solution (essthau 150 ppm 2 Perform "Out of order" Mile ws NOTES OF SOLUTION (essthau 150 ppm 2 Perform "Out of order" Mile ws NOTES OF SOLUTION (essthau 150 ppm 2 Perform "Out of order" Mile ws Notes of solutions (essthau 150 ppm 2 Perform "Out of order" Mile ws Notes of solutions (essthau 150 ppm 2 Perform "Out of order" Mile ws Notes of solutions (essthau 150 ppm 2 Perform "Out of order" Mile ws Notes of solutions (essthau) (e	Owner addr	ess			_		
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 3 V 4 5 Certified food handler Certifical ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by Notes: U.Samitizer solvtion less than 150 ppm 2 Restroom "Out of order" (Micros) Notes: U.Samitizer solvtion less than 150 ppm 2 Restroom "Out of order" (Micros) Received by (name and tile printed): When are all the printed in the are all the					• •		
Responsible person's email Certified food handler Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by Notes Dearwinger Solution (essthan 150 ppm Destroy "And of Order" affects Notes Described of the Correct of	Person in ch	arge			-) ^	0 0 20	O -
Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 3 N 4 5 Certified food handler • CRITICAL ITIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Notes	i cison in ci	large				C_U_NC_	<u> </u>
Certified food handler 1	Posponsible	nomon's				- 10	7 1 6
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS OF REPORT PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Notes () Sanitzer solvtion (esstham 150 ppm Orestroom "Out of order" appears Violations of Served at time of inspection Notes () Sanitzer solvtion (esstham 150 ppm Orestroom "Out of order" appears Received by (name and title printed): What inspected by (name and title printed): What inspected by (signature): Inspected by (signature): Inspected by (signature):	Responsible	persons	emai		7. Other (list)	Menu Type (See	back of page)
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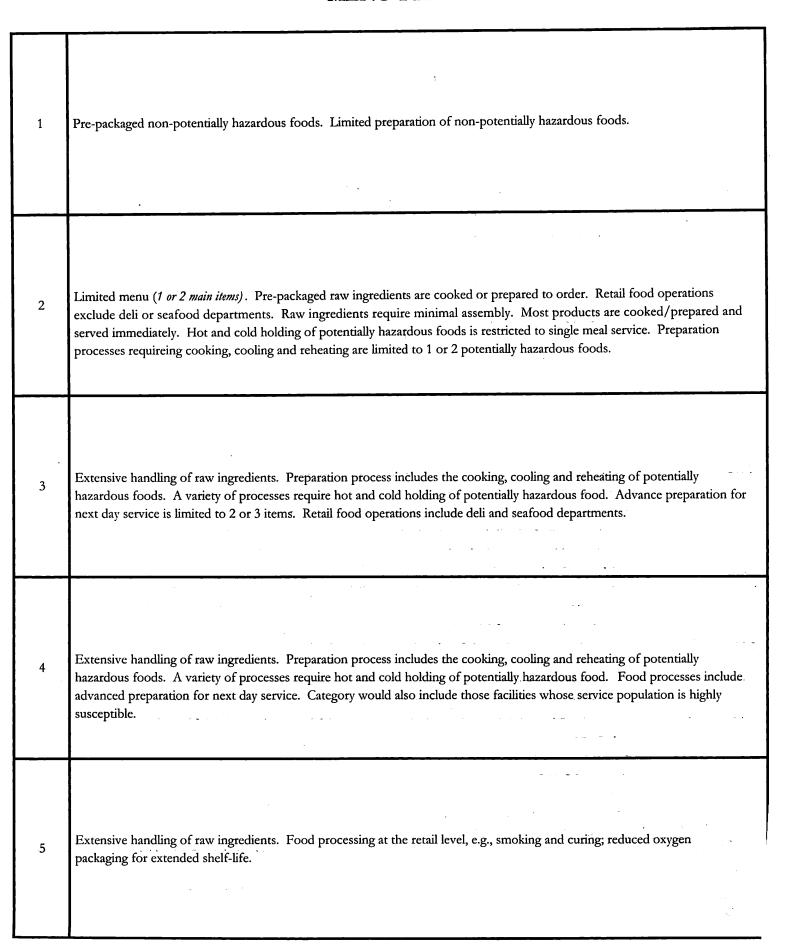


460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of _2

Establishm	ent nome		M 1 1 22 1		-	
. XIII	111+	andian (III) nino	Telephone Number	Date of Inspection	ID#	
Establishm	ent address	Statut Carried	() Establishment	8/20/24	2337	
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Owner	ecara	WIT DY. 40170	Purpose:		se Date	
Julie)	, loh.	winds Ciash	(. Routine)	Barrier Commence of the Commen	30/24	
	MU	watain Surgio	2. Follow-up	Summary of Violat	ions:	
Owner add	ress		3. Complaint			
		U	4. Pre-Operational		_	
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Responsible	e person's em	nail	7. Other (list)	Menu Type (See l	pack of page)	
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		appears to be p	revolusly 2	vet.	Thomas T	
334	C	Net spray no	8/30/24			
		Joine Kango	Obelow t	he	new une	
120	+	table flood re	m was four	, ,	1	
139	C	fly swatter	Corrected			
	-	instal a mobi	le ingredie	nt ver		
0.10	110	storing sugar			10/1	
218	NC	wash gauge on	mechani	cal dish	8/28/24	
201	villa de la villa	maining owas	stuck on	v 110°F	2/1/	
324	NC	Walk- M- Cooler	wayorate	ω	8/27/24	
295	n10	piping was are	pping into	arub	10/2-1-1	
475	NC	Soiled	I fan gi	iards are	8/27/24	
218	0.10	1 1/1 1 1 1 1	are ton)	9/20/24	
-10	NC	preparation tal	9/20/24			
		Jana Core		-		
-	1	Notes: (1) Wall chemical dispensers				
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3				nd HOID M	illen	
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NARRATIVE REPORT Greenwood									
Establishment N	am +	e Address Indian II Declaration Dr	/ ///	Inspect	tion Date				
Section# 2/NC	R	CUISINE REMARKS	707 70	/ TO	BE CTED BY				
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8	-	Inspected By (Name & Title) (Manual Manual	W.EH(/	Page	OT				



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

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Page 1 of 1

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Establishmer Lestablishmer	itel	AY s	rd H	igh S	School	Telephone Num () Establish () Owner		S/20/29	
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n	OBOLL III	7	nan	nes		6. HACCP		1.9-10	ist shifted
Responsible	person's	email	rug	1000	stem and a disco	Other (list)	1 Trg	Menu Type (See	e back of page)
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1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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 served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requireing cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	iii sam	auon	Requirements. The time limit for correction	on of each violation is speci		i oi una icpoit.
Establishmen	t name	GI	<u> </u>	Telephone Number	Date of Inspection	ID#
Establishmen	t address	<u>X</u>	Pementary Franklin, IN ON. 4413-1	() Establishment	8/23/24	14/2
5744	l addies	。 フハ	Franklin, IN	() Owner	Follow-up Releas	
Owner	<u>E.</u>	100	210. 99121	Purpose:	No 9	2/24
	205	·		2. Follow-up	Summary of Violat	
Owner addre		_		3. Complaint		
				4. Pre-Operational		
Person in cha	roe			5. Temporary	C_ONC_	\circ $_{R}$ \circ
		ŏ	Cutn 5	6. HACCP	10	
Responsible p	person's	email		7. Other (list)	Menu Type (See l	back of page)
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Certified food	d handle;		tn- (11/1/28	V	12_3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E 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 Samtation Requirements. The time limit for correction	or or energy residents of peerson is		1
Establishment name Pleasant Middle Establishment address	Telephone Number () Establishment () Owner	Date of Inspection 8/23/24	1618
1354 E. Worthsville Rd Greenwood Owner IN 46143	Purpose: 1. Routine	Follow-up Release	Date / 2 / 2 4
CPCSC	2. Follow-up	Summary of Violatio	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge Tina Mekker	5. Temporary	CNC	Ø _R Ø
Responsible person's email AFSC	6. HACCP	26 T (C-1-	lexelude
Responsible person's email AFSC EVO	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler 0 0 kbox 3/23/28)	123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
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Establishmer	nt name		6.	Telephone Number	Date of Inspection	ID#
Target Store T-1364/Starbucks Establishment address 46143				() Establishment	2 21 211	0112
Establishment address 46143				() Owner	8-26-24	942
895S. StateRd. 135 Greenwood, IN				Purpose:	Follow-up Releas	e Date
Owner). 010	JER	G.T.) S GIERTWOOD, IN	1. Routine		-6-24
Control of the second	t. C.		 .	2. Follow-up	Summary of Violat	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
Owner addre	ess	P	oration Frunca	3. Complaint		
1000	Nico	llet	oration 55403 Mall, Minneapolis, MN	4. Pre-Operational		
Person in cha	arge	1101	7.00 17.00 17.00 10 10 10 10 10 10 10 10 10 10 10 10 1	5. Temporary	c_ONc	R -
Ami	Giri	II:	th-Store Director	6. HACCP	0	
Responsible	person's	emai	TVI STOLE PLESTOL	7. Other (<i>list</i>)	Menu Type (See)	and of page)
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Section #	C/NC	R		Narrative		To Be Corrected by
346	NC		Pizza hut backroom k	and washing s)	nk son o	9-6-24
			dispenser not fur	nctionina	The Good	
4 11-22				3	The second second	
			Notes: (1) beverage air	cooler at Starbu	icks lacking	corrected
			thermomete	~~		
			2) flies observ	red at Starbuck	es' hand	
			Washingstat	ion behind the	counter	
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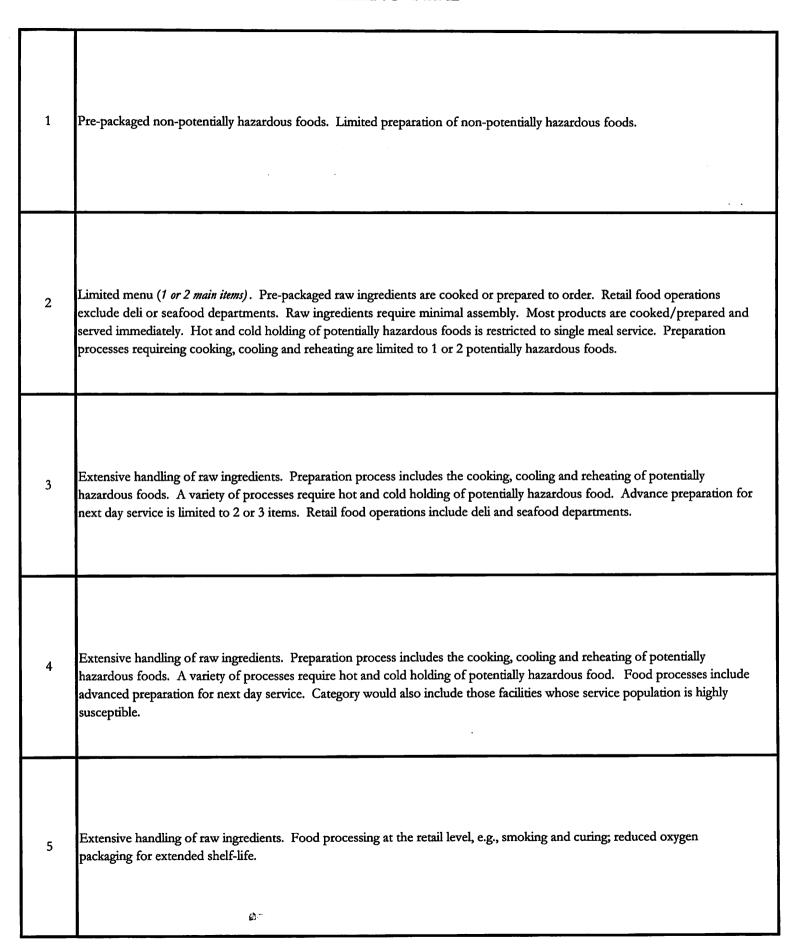
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460 N. MORTON ST. STE A AM
FRANKLIN, IN 46131
ce 317-346-425

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

		ation requirements. The time initial correction					
Establishme		A Section of the Contract of t	Telephone Number	Date of Inspection ID#			
Establishme	UJa			8-27-24 1041			
		40192	905 474-0710	0 0			
Owner (JS 3	N. VC-05 Green wood	Purpose:	Follow-up Release Date			
	^ ^	II.I. T. II.	1. Routine				
SAK	las	Heton Food Inc	2. Follow-up	Summary of Violations:			
Owner addr		Ontario, CA	3. Complaint				
165	20 R	irchmount Rd. Markham	4. Pre-Operational	4 /			
Person in ch		: 1:	5. Temporary	c 4 Nc 4 R			
		awikere-employee	6. HACCP				
Responsible	person's	email	7. Other (list)	Menu Type (See back of page)			
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Section #	C/NC	R	Narrative	To Be Corrected by			
415	C		ldead cockroach	esseen 8-27			
			itchen area				
		> last recorded pest					
303	C			tes service is done weekly			
505		nosanitizer provided	, washing of ute	nsiitobe			
187	C	used on cook line n		and a laberta and			
10 1		container of raw chicken sitt on preptable had an internal temperature of 46°F					
438	C	cleaning chemical sp	can bottle not la	belod L			
324	NC	leak of 3 bay sink dr		9-7			
433	NC						
	Carrier Carl	USes	7	And the second s			
431	NC	floor under equipmen	it soiled a round	grease trap, 9-7			
295		inside of walk-in cool	er Messoiled				
216	NC	cardboard lining shell	ves; not smooth/a	asily cleanable 8-27			
		3					
Received by	(name and	title printed):	Inspected	by (name and title printed):			
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Received by	(signature)	<i></i>	Inspected	by (signature):			
cc:	V. /	cc:	cc:	Market			





460 N. MORTON ST. STE A Q H FRANKLIN, IN 46124 ce 317 247

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

			a requirements. The time mine to correct			1		
Establishme			- Barrier Charles	Telephone Number	Date of Inspection	ID#		
Vita	- ot	1	iew Whiteland	() Establishment	0 00 011	0000		
Establishme	nt addres	S	46184	() Owner	8-28-24	×050		
Vita of New Whiteland Establishment address 46184 532 Country Gote Dr. New Whiteland				Purpose:	Follow-up Releas	e Date		
Owner			•	1. Routine	- 9-	8-24		
				2. Follow-up	Summary of Violat			
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge) ^	c_O_NC_	0 . –		
		7		5. Temporary	CNC_	<u></u>		
Responsible	nercon's	V	aniels	6. HACCP	(6 1	1.0		
Responsible	persons	emai	The second secon	7. Other (list)	Menu Type (See b	ack of page)		
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• CRITICAL	ITEMS AF	E IL	DENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	AS "R"		
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1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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 served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requireing cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
3	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Advance preparation for next day service is limited to 2 or 3 items. Retail food operations include deli and seafood departments.
4	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Food processes include advanced preparation for next day service. Category would also include those facilities whose service population is highly susceptible.
5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.