

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

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

Establishme 1120 Owner Owner addr Person in ch	nt name  DOLL  nt address  N SI  Vess  arge  person's of	s R P P P email	# 146 35 Gireenwood, IN 46142 HUYE, Inc	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  10/25/24  Follow-up Release  11/ Summary of Violate  C NC  Menu Type (See 1)	ID# 2847  Se Date 4/24  ciohs:
Certified foo			ress		123	45
<ul> <li>VIOLATION</li> </ul>	ITEMS AR (S) REPEAT	E ID FED F	ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"  To Be Corrected by
430	NC	И	Paper toyel de		DN	10/28/24
413	NC C		northeast entry a mamet screen curtain was not The following a temperatures we the walk-in-cool (1) Skim m	area hand lexit door cor and the doo on internal movent atti- re measured er lak 47°F lass milk 4	sink ntained as n air unsides	n open. Corrected Leave Air Cur 10/25/24
Received by Received by			Tyler Kelly  Dec:	Ar	ed by (name and title printed)  A Yew Mi  Ed by (signature):	Her EHS Miller



95 S. Drake Rd. W. 460 N. MORTON ST. STEA (D) FRANKLIN, IN 46131

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

	T 77.1. 37.1	D GY	1
Establishment name	Telephone Number  ( ) Establishment	Date of Inspection	ID#
AFC Sushi Establishment address		10-1-24	2301
Establishment address  2200 Independence Dr. Greenwood  Owner  Advanced Fresh Concepts Franchise Corps  Owner address  19700 Mariner Ave Torrance, CA 90503  Person in charge	( ) Owner Purpose:	Follow-up Release	
Owner Owner	1. Routine		10-24
Advanced Front Connects Franchise Course	2. Follow-up	Summary of Violation	A STATE OF THE PARTY OF THE PAR
Owner address	3. Complaint		
10700 m. 1. T	4. Pre-Operational		
Person in charge	4. Fre-Operational	$_{\rm C}$ $_{\rm NC}$ (	) p
Ceu Ling	1 ,	CNC	
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See ba	ack of page)
	7. Other (usi)	and a american	tek of page)
Certified food handler (Sew Sage exp)		123	_4_X_5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	5 "R"
Section # C/NC R	Narrative		To Be Corrected by
No violations observe	e	Section become Assessment in terms of the	and the second s
THE HOLD PROJECT AND PART OF SHAPE S	nances and accessaries	mergal was to gastatans	rolonasno
and a manufacture of the first	egunografisma lazyo za za ara	น วิวากากสนาค์ สารระบาล	oda som
orthogonate a special tracket and a second contract of			Batensia
Lubel of except of a large surface of the large sur		LL Laure A. Short	and account to
All the an test is post tree executive and but a mobile	Reference of the Hall and American	LIKAL DE DOC ALIJAK	1.10110.2001
		131	2002112002
Received by (name and title printed):	Inches	eted by (ngme and title printed)	
CEU Lines	Inspec	1	ral FHS
Received by (signature):	Inspec	Red by (signature)	1010
Ling		Una Hoy a	
сс:	cc:		



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

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

Establishment name    Mmerical Legion    Establishment address   334 45 3 ( \$     Owner   Greenwood     Owner address     Person in charge     Responsible person's email				Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection ID#  /0/2/24 /67  Follow-up Release Date /0/12/24  Summary of Violations:  C NC R  Menu Type (See back of page)	
Certified foo	od handle	r			123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIV		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
347 431 430 295	N( N( N( )		with mold a.	Lalong way files are ity cleanable itrain 13 Se	he II bass I not le oiled	10/9/24
Received by Received by cc:	1000	52			ted by (signature):	d): less



95 S. Drake Rd.
460 N. MORTON ST. STEA BUM
FRANKLIN, IN 46131
Fax 317-736-5264

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

Establishme	ent name		requirements. The time limit for correcti	Telephone Number	Date of Inspection	ID#
Establishme	lel	re	's Brill & Bar	( ) Establishment	10/9/24	543
1251	1)5 3	31 1	V1-5 Greenwood	Owner Purpose:	Follow-up Release	Date /
Owner /	1	,,,,	1 10 7 4172	7. Routine	1000 LD 10	119/24
(	Dro	0	rate	2. Follow-up	Summary of Violati	
Owner addi	ess /			3. Complaint		
				4. Pre-Operational		
Person in cl	narge		0.000	5. Temporary	$_{\rm C}$ $_{\rm NC}$	4 R
Br	itta	in	y Salisbury	6. HACCP	r r	
Responsible	person's	emaį	(Serv Safe	7. Other (list)	Menu Type (See b	ack of page)
Certified for	od handle		Salisbury 10/29/27/		123/	_45
		-//	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
The state of the s		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	_
Section #		R	9. 13.	Narrative	7	To Be Corrected by
413	NC	ae i	Trash room ext	erior door	trum	10/19/24
200		-3111	to the state	the huilde	no sides	1/
431	NC.		Floor draw	soile I un	all r	10/13/24
			kitchen dish m	rachine		II,
399	NC		Floor tile day	naged or n	eeds	11/9/24
			grout repair N	rear kitch	en ice	1
295	NC		Interior	server soga	station	10/19/24
<u> </u>	100		Oras Appled IN	ichidena t	h bryers	10/19/24
			wheels/ casters	muning a		1
			/			
		2.04			<u> </u>	
	-					Ingenie
		-				
Received by	(name and	title j	printed):	Inspecto	ed by (name and title printed)	llar mil
Received by	(cianatura)	M	21/12/101 A	<u> </u>	OCIVEW IVII	HELL ET
	(signature)	. /		Inspecto A	ed by (signature):	1001
cc:			cc:	cc:	111	
				· _		



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

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

Establishment name	Telephone Number	r Date of Inspection	ID#
APPLEBELS	( ) Establishme	1 /	
	-1	10/1/24	00 /
Establishment address 700 N MORTON ST. FRANKUN DU	Purpose:	Follow-up Release	Date
Owner	1. Routine	- 101	11/24
	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint	1	
	4. Pre-Operationa	.i	
Person in charge	5. Temporary	c_O_Nc_2	R
mike KACHELRIPS	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
	7. 5	**************************************	1010 5J F-18-7
Certified food handler MIKO KACHELRIES		13	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			
	Narrative		To Be Corrected by
(NOTE) FEW FLIPS DEC	NINKI	CHED	
		2010	
431 NC & FLOOR ORATIN I	U BAR NO	OT CLOAN	10/8/24
	HELF COI	FITMY IN	10/30
BAR WORN			70 /-
mecHANICAC de		o HOT	nK)
(NO 190) WATER SANITIZ	Allow te m	peratyro	07
VYONSIL SURFAC	or jon re	STIEF	
I PINSE SUCITIO	e (vons	100 /	
Received by (name and title printed);	- Ii	Inspected by (pame and title printed):	
Mike Kachelries	ľ	Bob Im 17H	
Received by (signature):	I	inspected by (signature):	73/
cc: cc:		Bala Simi	N
tc.		cc:	
			4



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

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

Establishm	ent name	0 . 1	26.5	Telephone Number	Date of Inspection	ID#
(Int	HAD	A. A.H	inklin)	( ) Establishmen	, , ,	
Establishm	ent address	9	Franklin IN	( ) Owner	10/16/24	2569
1375	Mir	N/e Dr	Franklin, IN 4/0/31	Purpose:	Follow-up Release	e Date
Owner	10/11		1012	1 Routine		126/24
				2. Follow-up	Summary of Violati	
Owner add	ress			3. Complaint		· · · · · · · · · · · · · · · · · · ·
o wher add	11033			9		
D :	1			4. Pre-Operational	CNC	2 _
Person in c	charge			5. Temporary	CNC	
D 311		11	(	6. HACCP		
Responsibl	e person's e	mail	(SerV)ate	7. Other (list)	Menu Type (See b	ack of page)
Certified f	ood handler	on W	1c ( 1 mmm / 3/21/2	9	12_/3	_45
• CRITICAL	L ITEMS AR	E IDENTIFIED I	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	ACCUMENTATION OF THE PROPERTY	
			US INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW A	.S "R"
Section #	# C/NC	R		Narrative		To Be Corrected by
431	NC	Fil	oor soiled.	undernear	ED .	10/18/24
		kite	hen mechan	ucal dest	V machine	114
218	NC	m.	echanical dis	W machine	door	10/22/24
		rup	vinterior cor	nponents /	brackets	/ /
		whe	n the door	us clas	ing.	1
					0	
			_			
		ă .				
						Meagain 1
D : 11.		::1 + :: - 1\ :		Ir	11 / 1:1	
Received by		ntle printed): Na Coump	100	lr.	aspected by (name and title printed)	TIC
Received b	y (signature):			Ir	espected by (signature):	20
401	X M	Dann	<b>6</b>		andrew Mell	104
cc:			cc:	•	cc:	



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

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

		tanoi	r requirements. The time mint for correct			Tor tins report.
Establishmer BU	Re	di		Telephone Numbe		1D#
Establishme	nt addres	S	Edinburgh, IN	( ) Owner	10/20/24	0100
500 N	1emi	ori	al Dr. 46124	Purpose:	Follow-up Releas	
Owner				1. Routine		1/7/24
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operationa	al a	
Person in ch			11 12	5. Temporary	c NC	
The	llar	d	Hadley	6. HACCP	Rebbs L	
Responsible	person's	email		7. Other (list)	Menu Type (See l	back of page)
Certified foo	od handle	·r			And State of	,
Wil	Varia	1,	Hadley		123_	45
The second little below to the letter of the	Contract Con	The same of the sa	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		" AND IN THE NARRATIVE BELOW	
Section #		R		Narrative		To Be Corrected by
218	NC			w cooler	in the	Called for
7 88 41155	-146-116		Ritchen conto	uned an	ambient	emergency
			are respective	w of 46°F		repair
			2			
					- Land - James T. Land How E	
					Surface Shell the	
					===	
			1			
Received by	and (	7	rived):	I	Inspected by (name and title printed, And YEW Miller	): , EUS
Received by	(signature) Ard	5	ladley	I	Inspected by (signature):	iv .
cc:			/cc:	-	cc:	





JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Owner addre	at addres  O  E  arge  TLY	s	JOS LING ST. FRANKLIA, IN DEZARN	Telephone Number  Establishme  Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operation  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release Date 11/2/34 Summary of Violations:
Certified foo	d handle	60	DUSPIFE) TAKE COOPER		123
			ENTIFIED IN THE CHECKLIST AND NARRATIV		
• VIOLATION( Section #		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION  Narrative	s" AND IN THE NARRATIVE BELOW AS "R"  To Be Corrected by
295	C/NC	C.			ITNO NOT CLEAN, - 10 B9 B
218	NC	- 42		NSIDO IS	WORN - 12/1
431 295 N	NC OVE	1 X A	FLOOR NEXT TO DN K FIZHEN, - INSIDE TOP OF > SOME KTIZHEN	BAR AREI	NOUR EQUIPMENT, 2 NOT CLEAN 11/1 HER NOT CLEAN 11/1 TILLS STATING —
295	NC	*	2 door SALAD CO	LOOR GASA	KET NOT CLEPON - 16/29
309 413 (N)	NC NC	4	THE AMBIENT R	FUNCTION.	TRUTCAC 10/30 ING 11/15 (WORKOBACK ON GREPATATION ) POTPNYTALLY TO THIS UNLE
Received by Received by cc:	-lyn	title j	DeZarn, Assisant	Manager	Inspected by (name and title printed):  Bab Smith EtB  Inspected by (signature):  Cc:



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

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

Establishin	CIII Saiii	тапо	in Requirements. The time limit for confection	on of each violation is spe	ciffed iff the flair	anve pornor	for tills report.
Establishme			de est a stagages	Telephone Number	Date of	Inspection	ID#
Bluft	Cre	ek	Golf Course	( ) Establishmen	t I I I	11 211	820
Establishme	nt addres	S		(317) 422 473( Owner	10-1	4-24	020
2710	old S	R3	7 Greenwood, 1N 46143	Purpose:	Follow-	up Releas	e Date
Owner				1 Routine		10 -	24-24
Links	Eng	in	eering LLC	2. Follow-up	Summa	ry of Violat	ions:
Owner addre	ess	,	<del>-</del>	3. Complaint			
2710	01d8	R3	37 Greenwood, IN 46143	4. Pre-Operational			
Person in ch	arge		- CIT CET W088 , 114 10 145	5. Temporary		NC_	6 R
Tudi	Tra	+	- emplace	6. HACCP	8 1 No.		
Responsible	person's	emai	-employee	7. Other (list)	Menu	Type (See )	back of page)
1 1	77		reservations@gmail.com			z jpe (oce e	west of Puge,
Certified foo	d handle	r	0 , , , , , , , , , , , , , , , , , , ,		<b>-</b> 1 2	2 🞾 3	4 5
				<u> </u>			
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRA	TIVE BELOW A	
Section #		R	The state of the s	Narrative			To Be Corrected by
295	NC		oven hood vents 58 he	7.7		12/02	10-21-24
430	NC			tchen			
431	NC		floor under equipment				
257	NC		Ewhite chest freezers in		rage obse	rvea	
218	NC		Frigidaire white ches	t franz arc in	and from at	001001	0
210	110		rusty on topy fro	nt exterior	3017 COU	guage	
297	NC		interior top of ice m	achine soiled	7		
0	,		THE TOP OF THE TITLE	Various Aprilice	4		
			Notes: Ounsealed wood	d under unit	closest +	o wall	
			Under Lanking	vent system	next to	frier	
			2 residential Kenn	nore refriger	ator ofre	ezer	solvant et e
			unit in kitche	n			
			3-flies observed in	Kitchen			
Received by	(name and	title	printed):	IIn	spected by (name a	and title trinted	):
	,		Judi Treat				
Received by	(signature)	:	J v v v v v v v v v v v v v v v v v v v	In	Mia Papa spected by (signatu	te):	, 0110
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cc:			cc:		c:		
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

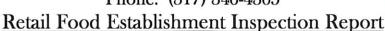
FRANKLIN, IN 46131

Page 1 of

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 Establishment address ) Owner 77 E JEFFERSON FRANKLING IN Purpose: Follow-up Release Date 10/18/24 Owner 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC Narrative To Be Corrected by CLEAN IN WALL WORN, WET BLAIND, UNDER NC A DN PLASTIC (CVers) JW Received by (name and title printed) Inspected by (name and title printed): EXTS cc:



### Johnson County Health Department 95 S. Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment

establishment		telephone		Date of Inspection	
Bonefish Gri	l	317-8	84-3992	10/10/2024 2:30pm	
Establishment address			Summary of Violati	ons	
1001 ST RD 135 NORTI	H • GREENWOOI	D, IN 46142	1 (	C, 3 NC, 0R	
BG7502@1					
Owner			Follow-up	Release Date	
BONEFIS	SH GRILL, LLC		No	10/21/2024	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Greg Oakley	Sara	h 2026	D	4-Extensive handling	
Establishment Identification #	County	District	Routine		
1014	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	R?	Violation Observed:	To be Corrected by:
187	С		Diced mango at 57°F in top of flip-top deli with salad dressings. All product in flip-top is temping 57°F-58°F. Ambient thermometer reads 62°F. Service has been contacted and all product is being discarded	10/10/24
187			Raw shrimp on improper ice bath at 49°F	corrected
430	NC		Floor Grout in disrepair	10/31/24
410	NC		Light bulbs not shielded in walk-in-cooler	10/11/24
431	NC		Mold-like substance observed on walk-in-cooler interior walls	10/31/24
415	C		House flies observed in back by carbonator	10/11/24
			Reminder: Keep floor sinks flowing so that wastewater does not flood the kitchen floor	10/10/24

Elizabeth Senissi



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

Establishment name	Telephone Number	Date of Inspection	ID#
BPO ELKS #1818	( ) Establishment	10/02/21	101
Establishment address  56 E JUFF CRSUN ST.	( ) Owner	10/22/24	106
56 E JEFF CROWN ST.	Purpose:	Follow-up Release	Date 1 _ \
Owner	(. Routine	Follow-up Release	1 124
BPO EZKS	2. Follow-up	Summary of Violati	The second secon
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	R
CHRISTY LOCKE	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
			s) [8 s)
Certified food handler 'RAME'Y LOCKE (SERVSA	FE(EXP 2037)	1(2_1/3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"
Section # C/NC R	Narrative	1	To Be Corrected by
Vi Ser Cie Corri 100 (	ced AT mop SI	WK 19/23	70024N24
CLOSET	/	(PL	Aced w ATC
No. of and and	-1 . 0 . 0	7	normin
	FLOOR NEXT +	O WALL	10/28
NOT CLEAN (Fei	N SMALL FLIPS	JELPS	
309 NC > DOWNSTRIRS RESTRI	coms - mecit	ANTOH7	10/28
	INCTIONING	711-1211-2	(5/5.5
( ) D) & Wood PAZIETS (NOT		BBLE JUSA	36e)/12/1
DN WAZK-IN COO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		and the second second	
295 MC & DUSTRE TOP OF I	the MAKER NOT	CLEAN	10/29
2.30			
239 NC & some clean ast		000	10/29
Tomers on upsta.	IRS BAR		
mechanica pish	mazitale Hot	WATER	nt.
A PANTIZATION VERROLIA	TUNE AJESVBIT	- Inoon	09
CURTE/UTENSI SUI	FACE WAS I	65,9°F)	
Received by (name and title printed):  - [HRIST RAND] BARMANAGER	Inspected	by (name and title printed)  MITH	E#5
Received by (signature):		by (signature):	8
- Chusty Kanen		our sm	
cc: cc:	cc:		
			Page 1 of



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

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

Establishmer		-	Sadt Sabusar ship	Telephone Number	Date of Inspection	ID#	
B	uca	di	Beppo	( ) Establishment	10/15/24	897	
Establishmer	nt addres	s		( ) Owner	10/15/24	011	
659	N U	53	1 Greenwood, IN	Purpose:	Follow-up Releas	se Date	
Owner		-		1. Routine			
				2. Follow-up	Summary of Violat	tions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	C _ O _ NC	4 R	
1	8-			6. HACCP	0		
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)		
reoponin	pero						
Certified foo	d handle	r			1 2 3	/ 4 =	
1					123_>	_45	
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
-			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"	
Section #		R		Narrative		To Be Corrected by	
324	NC				of sinks	10/30/24	
1	7.1.1.12.12.12.12.12.12.12.12.12.12.12.12	3.57	PIZZU FOOM	men's 160 m	NII ALL AND	(E) (E) (E)	
7.75	3/5		3//	/ // ***	- 1/1-	12/20	
295	NC		Retrigerator door	Munolles gie s	soiled-	10/15/24	
324	.10		inteller land only well	". A 1. E. 1/2 1 3	habons	12/2/21	
204	NC		water pre-drain	Plaking	PSETITIO	10/30/24	
		$\vdash$	Triestia (	124			
430	NC	$\vdash$	Coile huse is dan	1660A 10 =	1 hr	next	
	7,0		Nalk-in cooler	145/64 111	7770	Inspection	
			VV-1/1			3 MO.	
E.		. 1		\$2 			
		of	- 1 1 20				
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						to land	
Received by	(namp and	title t	wintal).	Inspect	ed by (name and title printed	n.	
/	W.	unep	(mil		0	/	
Received by		1)	CITE		ed by (signature):	1255	
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cc:	1)	_	Cc:	cc:	Tens & Day Co	<i>70</i>	



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

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

Establishme	ent name		1.01 21 .	1	Telephone Numb	er Date	of Inspection	ID#	
Bul	Sala	7	Ilila Tilin	(N)	( ) Establishm	ent /	shulay	7170	
Establishm	ent address			I	( ) Owner	1	124/27	-129	
107-	7 N	6	monioniA	NIP	Purpose;	Follo	ow-up Release	e Date 1	
Owner	1 10.		GIVEREN	MINON	1 Routine	1	10 11	13/24	
()	nn		Great	1W00d 46143	2. Follow-up	Sum	mary of Violati		
Owner add	ress		110	14110	3. Complaint				
					4. Pre-Operation	na1			
Person in c	haroe				5. Temporary		$_{\rm C}$ $_{\rm NC}$ $_{\rm E}$ $_{\rm R}$		
	n		Jarnagin		6. HACCP	-	NC		
Responsible		email	Jarriagin		7. Other (list)	Mo	Menu Type (See back of page)		
теороновк	e person s				7. Other (ust)	Me			
Certified fo	od handler		- ·		-	— [		/	
Up			Jaman	J		1	_23	_45	
		E IDE	NTIFIED IN THE CHECKL	Marian and State of the Owner, where the Control of	E COLUMNS MARKED "C'				
• VIOLATION	N(S) REPEAT	ED FR	OM PREVIOUS INSPECTIONS	ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	S" AND IN THE N	ARRATIVE BELOW A	S "R"	
Section #	C/NC	R			Narrative			To Be Corrected by	
430	NC		Door th	reshold	la loose	on		11/11/24	
	a salum		chicken	and,	produce	wals	e-11-	///	
			Coolers	/		110		11	
399	NC	(	Grout re	pair 1	needed.	in d	ish	11/28/24	
			area ( Kit	chen) a	nd kitch	nen		///	
			near a	eep fr	yers; and	server	area#	100	
		(	) walls	and o	cove p	ase	1)		
			amage	acros	s ana c	roun	a		
210	NC	-	On tank	gr- gre	COAL AL	modu	1001	12 /20/21	
210	NC		COOPED VA	- hunt		proau		12/20/24	
413	NC		South	tru	gevit de	ons.		11/26/24	
110	700		enterim:	286	not il	o lino	at	1/20/21	
		4	Center l	ottom	Turbani (	elman	1)		
295	NC		Inside &	rottom	of sode	v sto	tion	10/25/24	
			# 100 was	- Soil	ed and	contra	ned		
			a foul of	l odor				+,	
399	NC		Beer	walk	-in-cool	er in	terior	12/28/24	
D : 11	إ		flooring	is do	maged/to	orn		11	
Received by	(name and		10	10	0	Inspected by (na	me and title printed)	· DIC/	
Pagaine 11	Cia T		rag in 195	(		mare	W Mille	Y, EA	
Received by (signature):					Inspected by (sig	nature):	10.		
cc:	//		l co:			unare	WITHER	er	
			cc:			cc:			



JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD

FRANKLIN, IN 46131

C

Buton

Based on an inspection this day, the item(s) noted below identify violation	lations of 410 IAC 7-24, Indiana	Retail Food				
Establishment Sanitation Requirements. The time limit for correction	n of each violation is specified	in the narrative portion	of this report.			
Establishment name	Telephone Number	Date of Inspection	ID#			
BURGER KING #7447	10/8/24	-10				
Establishment address	( ) Owner	10/0/01	569			
1079 N MORTON ST. FRANKLIN, IN	Follow-up Release	e Date				
Owner	. Routine	- 10	18/24			
PREMITER FOODS	2. Follow-up	Summary of Violations:				
Owner address	3. Complaint					
	4. Pre-Operational	1				
Person in charge	5. Temporary	c_O_Nc_3_R				
EFCAIN CONTRORAS	6. HACCP					
Responsible person's email	7. Other (list)	Menu Type (See back of page)				
			71 67			
Certified food handler CONTRERAS (SERVSAFO EXP 10/1/28) 1_2_3						
EFRAIN CONTRERAS (SERUSAR	EXP 10/1/28)					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE						
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A				
	Varrative	12-1	To Be Corrected by			
	431 NC & FLOOR IN PARERS NEXT TO WALL 10/15/2					
EUNDER EQUIPMENT		OT CLOAN				
CONTEST EGOTO IN COOT	(OS TANKS)	1801	(3)2			
256 NE & THERMOMETER NO	T seen in	WRZK-	10/12			
IN FREEZOR S	The popular	De la company	10/10			
FREEZER ACROSS	Alm THE	1000				
(X	(AB)					
Q-			1			
177 NL @ BOX OF ONIDE RING	5 NOT STORE	OFF	10/10			
FLOOR - WHICK -I	n Frazer					
3			9			
000000000000000000000000000000000000000	0 100	-0	. /			
TO & STOR PROFERENCE UNDER JUCEAN						
GO UNIT NOT IN USO						
Received by (name and title printed):	Inspected	d by (name and title printed)				
Efrain Contrerar		ob SMID	FEDRE			
Received by (signature): Inspected by (signature):						
THE contrarge						
cc: cc:	cc:					



460 N. MORTON ST. STE A

FRANKLIN, IN 46131

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

Establishmer	nt name		Telephone Nu	umber Date of Inspection ID#			
Bu	ral	27	( ) Establis	shment 12/26, 11F0			
Establishmer	it addres	S	S Greenwood, IN 46142 Purpose	10/10/24 1658			
714	US	31	S. Greenwood, 118 4619 Purpose:	Follow-up Release Date /			
Owner			1. Routine	Ves 10/20/24			
			2. Follow-up	Summary of Violations:			
Owner addre	ess		3. Complaint	/			
			4. Pre-Operat	tional			
Person in cha	arge		5. Temporary	/ 17			
Salv	un	a	6. HACCP	,			
Responsible	person's	emai	ServSate Exp. V. Other (list)	Menu Type (See back of page)			
Certified foo	d Mandle	r	dict (9/29/25)	12345			
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED	) "C"			
<ul> <li>VIOLATION(</li> </ul>	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLAT	TIONS" AND IN THE NARRATIVE BELOW AS "R"			
Section #	C/NC	R	Narrative	To Be Corrected by			
295	NC	V	Soda station in quest area soiled Corrected				
430	NC	~	northeast exterior / too Rlashing 10/15/24				
			is loose above round VBK sight 1/1				
431	NC	~	Floors soiled in kitchen 1 10/15/24				
399	NC		Grout repair needed at cove 10/36/24				
			base at arme-up we	indow and			
11.21	. 10		unaer Retchen Soda	Station			
404	NC		Cove base missing near map sink 10/30/24				
415	C		Tumerous lue small winged 10/12/24				
			insects were seen around map clean!				
399	NC		Floor tiles cracked in deep fryer nea 10/30/3				
324	NC		Drain lines loss most near page with 10/30/3				
00.7	700		Soda Station leaks behind right				
			side two door metal cabinet				
		- 10	notes: Firm needs to	increase facility			
			cleaning!				
			0				
Received by (name and title printed):  Inspected by (name and title printed):  NORTH MILLER EHS							
Received by	Received by (signature):  Inspected by (signature):  Undrew MIDLER						
ce:	A CO	-	cc:	сс:			