

FAX: 317-736-5264

95 SOUTH DRAKE ROAD FRANKLIN, IN 46131 PH: 317-346-4365 FAX: 317-730

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name The NN Sicce Establishment address 4642 201 Greenwood Park F. Dr Greenwood IN Owner Daniel Frost Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Aniel Frost Certified food handler Daniel Frost Certified food handler Certified food handler Owner Populations in the section # C/NC R Section # C/NC R Section # C/NC R Owner Populations in the character of the properties of th
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Establishment address 20 Greenwood Park F. Dr Greenwood.
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Owner Address 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 Daniel Frost Complaint New Co
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

95 S. DRAKE ROAD FRANKLIN IN 46131 Office 317-346-4365 Fax 317-736-5264

		-		Telephone Number	Date of Inspection	ID#
Establishme	nt name	in	HE BOOK HARL & GROWLOK CC.	() Establishmen		
Establishme	nt addres	ss		() Owner	1/23/20	73310
E Coi	Rt S	7.	FANKETA, IN	Purpose;	Follow-up Releas	e Date 3/25
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				4. Pre-Operational	De seu or Neberimo	/
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Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	pack of page)
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95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Bekny

Establishment address For all Party Owner Establishment address For all Party Owner Purposes 1. Routine 2. Follow-up 3999 Summary of Violations: 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 1. 2 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 "IT" Section # C/NC R Narrative To Be Corrected by No 10 10 10 17 15 5 No 10 10 17 15 5 No 11 15 15 15 15 15 15 15 15 15 15 15 15	Establishmer	nt name		-			Telephone Number	Date of Inspection	ID#
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95 S. DRAKE ROAD 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. Date of Inspection Telephone Number Panda Express #1546
Establishment address) Establishment 1-28-25 1265) Owner Follow-up Release Date 323 SSR 135 Greenwood, IN 46142 Purpose: 2-8-25 1. Routing 2. Follow-up Panda Express Inc Owner address 3. Complaint 1683 Walnut Grove Ave Rosemead, CA 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) patricia. roell@pandarg.com CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" C/NC R Section # Narrative To Be Corrected by 710 violations observed Inspected by (name and title printed): Received by (signature



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 belon 5

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-	234	، مے	Greenwood, IN	Purpose:	Follow-up Releas	e Date
Owner			Greenwood, IN	1. Routine) , ,	
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint	*.	
				4. Pre-Operational		
Person in cha	arge		, 1	5. Temporary	C O NC -	3_R
				6. HACCP	hu an star sults	
Responsible p	person's	email		7. Other (list)	Menu Type (See b	pack of page)
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Certified 1000	d natione		a dep		123	45
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					corrected	
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Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



amiation Requirements. The time limit	for correction of each	i violation is specified	in the narrative portion	
establishment		telephone		Date of Inspection
Pizza Hut		317-888-7500	1/31/2025	
Establishment address			Summary of Violations	-
102	2 US 31		0	C 3 NC
Owner			Follow-up	Release Date
			No	2/10/2025
Person - in - Charge	Certified Food Handl	er	Purpose:	Мени Туре
Greg Mickelson	Greg e	xp 11/15/27	D.	2-Limited menu
Establishment Identification #	County	District	Routine	
1691 2124	Johnson			
010				

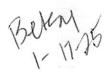
- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
394	NC		Observed the lid for the grease dumpster on the ground not covering the unit.	2/7/25
431	NC		Observed of puddle of what appears to be water on the floor in the walk in cooler.	1/31/25
410	NC		Observed a Y valve attached to the fixture for the mop sink	2/28/25



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

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



Establishme	nt name			Telephone Number	Date of Inspection	ID#
Por	224	25		() Establishment	1/15/25	2763
T' 1 1' 1	11			() Owner	(//5/63	2103
12	51	us	HWY 31 Greenwood	Purpose:	Follow-up Release	e Date
Owner			HWY 31 GREANOOD	1. Routine	Follow-up Release	25/25
			211 6	2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			4	0 0 10	, n
r croon in ch	arge			5. Temporary	C O NC	R
Responsible	nercon's	email		6. HACCP	75 TH (C. 1	. 1 - (, , , ,)
responsible	persons	Cilian		7. Other (list)	Menu Type (See b	ack of page)
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Section #	C/NC	R		Narrative		To Be Corrected by
324-	NC		maintain hot wa	tes 1000 F at	4/1	1/16/25
. 12.1	,		hand sines M	lust reach temp	in 30 sec.	11:01-5
431	NC		The floor drain	tes 1000 F at a 1421 reach temp under the front		1/15/25
			counter in soiled.			
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Owner R. Go Owner addre Person in ch MT Responsible	ROS nt addres S. V SS ess arge LHAV person's	emai		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 Violation C NC	7)25 ons: Z_R
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• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
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Section #	C/NC	A		Narrative	THE RESERVE THE PERSON NAMED IN COLUMN	To Be Corrected by
431	100		STRGLE SERVICE CU MINIMUM OF 6 DNC	ps not stored of	rr recove	1/17/05
239	NC	4		TOPOS ON TOWEL		11/20
	100-10	-	FOOD CONTAINERS STONED	ON TOWEL - BA		
324	NC	5	en STNK UNDER DI	5 HM AZHARA CL	oggod/NOT	1/18
2121	NC		DEPETRING PROPERLY	1 2000 00 110	771100	1/02
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95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 BUM 5

Establishme	nt name			Telephone Number	Date of Inspection	ID#
Establishment name Rise n Roll Establishment address 1277 St. 12d; 135 Groenwood. Owner Owner address Person in charge Responsible person's email Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV. VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R No wind		() Establishment				
Establishme				() Owner	1/9/25	2126
1	277	<	it. 12d. 135 Groenwood	Purpose:	Follow-up Releas	
Owner			IN	. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	Lies	the contract of the contract of	5. Temporary	C O NC	⊃_R
L book 1			and the second of the second o	6. HACCP	er a serie cons	pelingual
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95 S. DRAKE ROAD FRANKLIN IN 46\31

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

Establishme			r Kequirements. The time mint for correction	Telephone Number	Date of Inspection	ID# Ana
		1	2000	() Establishment		2727
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Lica	L	o	D. 1. D	() Owner	T 11 ID 1	
	Lmer	501	1 Tointe Ur.	Purpose:	Follow-up Releas	
Owner				1 Routine		7-25
				2. Follow-up	Summary of Violat	ions:
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				4. Pre-Operational	1 OF Frank French.	1 6
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95 S. DRAKE ROAD 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.

Establishmer				Telephone Number	Date of Inspection	ID#
Sabzi	May	ndi	+Tadka	() Establishment	1-31-25	2837
To the second second				() Owner	1:00pm	
894 C	IS 31	N	Green wood, 1N 46142	Purpose:	Follow-up Release	
Owner				1. Routine	10	10 - 25
Rajvi	inde	r	Shokar	2. Follow-up	Summary of Violati	ions:
Owner addre	ess		G G G G G G G G G G G G G G G G G G G	3. Complaint	Source of control of	
106 K	inni	ick	Dr. Greenwood, IN 46143	4. Pre-Operational	Comment of the comment of	7 0
Person in cha	arge	r III	tonds is resident fro single meal service. For	5. Temporary	c 6 NC	R D
Hario	up [Dhi	Mon bouse themsel turnered to	6. HACCP	quincing enalthing, cool	er sowooung 💆 - 69
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
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• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
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Section #	C/NC	-		Varrative	Sins Ant Actividation	To Be Corrected by
191	C	R	ready-to-eat toods in	reach-in & was	lk-in cooler	1-31-25
140	0	0	units observed with	nout date marki	ngs	
189	C	R	ready-to-eat foods i			1-31-25
	-		cooled to proper	tem peratures	WITHIN	
			proper time period gravy at 68°F af	15 / llab 116		
			· mashed vegetable	at 4705 after	Duncial +	discarded
	37 13	E 22	· rice of 52°F	a TIP agree	Overright	aiscaraea
	7-5	diso	5 corrective action	- IDOH properen	ling mothod	Company 2
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415	C	2	truit flies surrounding	onion Starage	n grocery area	1-31-25
177	NC	R	food stored on floor	- around sale	sfloor a	2-1-25
110			back areas of gr	ocery store		
430	NC	R	tight we walk-in fre	ezer observed with	excessive ite	4
2/11.	AIC		build up around	condenser uni		
346	NC	R	Soap not provided at 1	middle Kitchen F	nand washing sir	k corrected
438	0		paper towels not provided a	middle kitchen no	and washing sin	£ 7
439	C.	10000	Toxic & poison ous chen toxic cleaning chemicals sto	and above potatoss	riot labelled	1
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NARRATIVE REPORT

Sabzi Mandi + Tadka 894 US 31 N Greenwood, IN 416142 1-31 Section# CNC R REMARKS CORRE 442 C Container previously used to store cleaning detergent 1-5 Used to store cornstant in backdry Storage shalving by Eitchen 174 NC bulk cornstant in container previously used to Store sour cream not (aboled Vegetable choppers stored under prep table vegetable choppers stored under prep table Near mop sink soiled with food debris Utensils (cheek grafer + long-handled spatulas) soiled with food debris stored with clean utensils on shalving by 3 bay sink 4130 NC 2 copping around floor bahind fiver + store top Separated from wall under hand vents in kitchen 257 NC no food them mometer provided 1-31- no then mameter provided in grocery area ice cream freezer food processor repaired with tape, broken plastic cracks + broken off pieces Stored with clean cooking utensils in kitchen Un medicine + firstaidsupplies Motes Demp layee food Stored in shake + dink area . Area not approved for retaut Use as a handwashing sink is necessary @ foil covering sides + back of range top shue nemon	
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95 S. DRAKE ROAD (11) 15 FRANKLIN IN 46121

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

Owner adds Person in cl	ress	te Rd. 135 46/43 The Rd. 135 46/43	4. Pre-Operational 5. Temporary	Follow-up Release 2.1 Summary of Violati C NC	-ZS ons: 2 RO
Certified fo		V = 2015-Pa 10-10-7.1	9	123	_45
• CRITICAL		Yong servsafe 10-19-20 identified in the checklist and narr			
STREET, SQUARE, SQUARE		FROM PREVIOUS INSPECTIONS ARE DENOTED I) IN THE NARRATIVE BELOW A	
Section #	C/NC I	and the contract of the contra	Narrative		To Be Corrected by
913	NE	Bada door not all			
246	Ne	Observed employers pr	reporting row meet	With 10	
136	6	Observed employee	eating in kitchen a	ree	
		NOTE: Maniter ten			
-4.		ar stoppe intribust has privace caraloss	Property of process includes the	talbins of saw ingredients	i Extensive h
	- Luthori, Ida Luthori, Ida	p schialty in outdow sood. Lood mores those furthers whose service population is			n bearsand
					aldingsocial
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4		agoret bakar agaan etas enno ak agar	ovel man who is present to the out-	on along an early with an	d gwinter (CE)
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cc:		cc:	ce:		



95 S. DRAKE ROAD 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

V

Establishm	ent Sanit	tatio	n Requirements. The time limit for correcti	on of each violation is specifie	d in the narrative portion	of this report.	
Establishment name Sky Market Establishment address 46142 1251 US 31 N Unit D16E Greenwood Owner Jim Williams 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	Date of Inspection ID# 1-15-25 2805 Follow-up Release Date 1-25-25 Summary of Violations:		
	bulant ight	dan	the cocking country and rehearing of noun g of percentility regardons food, -bood pro- unic arrise facilities whose acreice population	see require or a and coid holding		to accept the teach of the teac	
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JOHNSON COUNTY HEALTH DEPARTMENY. 95 S DRAKE RD

FRANKLIN, IN 46131

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

Establishmer			phing been as a large	Telephone Number	Date of Inspection	ID#		
Starbu	CKS =	#1	06775	() Establishment	1 00 01	2811		
Establishment address				() Owner	1-23-25	2811		
189 I	Wort	hei	ville Rd Greenward IN 11101113	Purpose:	Follow-up Releas	e Date		
189E. Northsville Rd. Greenwood, IN 46143				1. Routine		3-25		
					Summary of Violat			
0 11		-		2. Follow-up	Summary of violat	ions.		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		1		
Person in cha	arge		e files of p	5. Temporary	CNC	C _ O NC _ R		
ALYSS	sa /	Ve	ace - shift supervisor	6. HACCP	P			
Responsible	person's	emai	ace - shift supervisor	7. Other (list)	Menu Type (See l	pack of page)		
APS &				1 20 1 20		31 87		
Certified foo	d handle	r			1 2 2 2	1 5		
NA					1	2)43		
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
 VIOLATION(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
295	NC		interior bottom of milk/	creamer coolers so,	iled	1-25-25		
		1125			THE REPORT OF THE PARTY OF			
347		124	notes: (1) Danes town	els shall be pri	ovided at	E 14		
			-all handy	Jashing sinks	always	ZED FOR		
177			(2)-food produc	to shall be st	ored 6"			
			a or more		ound			
284	-		(3) mechanical	1. 1	Shall be			
			used after		naximum			
			rinse temp) F, depending			
			on machine t	Ubl	- / Mariany			
				31				
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A Publication	r a c		100 100 100 100 100 100 100 100 100 100					
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				and the second s				
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(Mys	Ser	Novelle		1/m			
cc:			cc:	cc:		1		



95 S. DRAKE ROAD 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.

Litablishii	icht Sam	itatio	in Kequiternents. The time mint for correction	n or each violation to specific		1	
Establishme	ent name	Ty.		Telephone Number	Date of Inspection	ID#	
Supre	me	Pr	oduce @ Kroger 864	() Establishment		22111	
Establishme	ent addres	SS	oduce @ Kroger 864 IN 46143 pendence Dr. Green wood	() Owner	1-27-25	2744	
220	0 In	de	pendence Dr. Green wood	Purpose:	Follow-up Release	e Date	
Owner				1. Routine	2-	7-25	
Sum	ma Sa	111	ica Solution luca	2. Follow-up	Summary of Violat	ions:	
Owner addr	PSS	NV	ice Solution Inc TX 75234	3. Complaint	The state of the s		
Owner addi	2	Buz	1 × 15 2 59		u (tar i mari denti - Pt		
1404	3 Dis	str	ibution Way Farmers Branch	4. Pre-Operational	or seatood department	b shadowska	
Person in ch	narge	BILL	foods is restricted to single meal service. Pro-	5. Temporary	C NC	R	
Sal.			or 2 pour ille base deux fouds	6. HACCP	auto a y constino, con in-		
Responsible	person's	ema		7. Other (list)	Menu Type (See back of page)		
Treep on or or	Postoria			7. Other (usi)	Welld Type (See buck of page)		
Certified for	od handle	er	(Somsale orn)		1 2 2	150 -	
Tum.	Zino		(Sew Safe exp)	Ę.	1234\(\sum_5		
		RE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
1 100			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R	poor to remain difference and the property of the	Narrative	SEED OF SEED OF SEED OF	To Be Corrected by	
187	C		cantelope internal tem	The state of the s	27070	1-27-25	
101			was less the last the less than	pera wa = 43 F		12123	
		-	melon internal ten	perature - 464		12.2	
	+	-	watermelon internal tem	perature -45°F			
			5 Shall be 41°Fo	or less			
	-		(W)		-1 00 1		
			Note: dis gloves -	taken off hands	s Shall be		
			discarded, r	not reused			
200	1 2	, iai	s the cooking cost or and schedule of pena			Maylensacriff	
	: Daiores	3825	or of potentially her adout sond. Bood pers		odes. Availitety of money	Larounixed	
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name Supreme Produce Establishment address SGM N State Rd. 135 Owner Owner Owner address Person in charge Responsible person's email				4. Pre-Operational 5. Temporary	C Menu Type (See bo	ons: R ack of page)		
Certified foo		o Thluai			123	45		
		The same of the sa		TIVE COLUMNS MARKED "C"				
	_	Water to the same of the same	NSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND				
Section #	C/NC I	3	Nothing to	Narrative Note	Corporation was in publish	To Be Corrected by		
	and	assore bead.	a perennally hazardous for	i sancence proces includes the ses recurs hoband cold holding o vice. Caregory would also include	sods: A vancy of process	d ovisnotzel Luxandous q kusunwhe, Aldrigosus		
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmen	nt name	ne	PRODUCE & RRAPRI	Telephone Number () Establishment	Date of Inspection	ID#	
Establishme				() Owner	1112 123	0171	
970	N	MOR	TON FRANKLIU, IN	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine	1/3	e Date 25 25	
				2. Follow-up	Summary of Violations:		
Owner addre		idali go	e seculos respectos en un Remithodo	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)			
Person in ch	arge	Prepara	als is studied to englished also		C O NC	R	
mA-	TI	ANO	He Bleg		e ion all vio himit.	es e e con	
Responsible	person's	email			Menu Type (See back of page)		
Certified foo	od handle	r			12345		
571 466			TIFIED IN THE CHECKLIST AND NARRATIV M PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R	TO STATE OF THE STATE OF TH	Narrative	THE PROPERTY OF STREET	To Be Corrected by	
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