

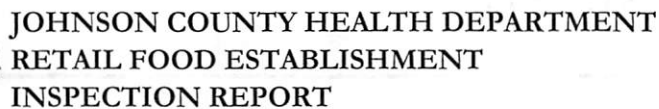
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Ale Emporium	Telephone Number () Establishment () Owner	Date of Inspection 4 26 22	ID# 280
Establishment address 997 E Coline Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5 6 22
Owner Greenwood		Summary of Violations: C 0 NC 2 R 0	
Owner address			
Person in charge		Menu Type (See back of page) 4	
Responsible person's email		1. 2. 3. 4. 5.	
Certified food handler			

- 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 by
399	NR		Repair/replace missing baseboard material throughout kitchen & dish	
399	NC		Floor on coastline is showing signs of wear / pitting - resurface to have smooth cleanable surface	
Note			Turn water on a 2 sinks in bar area - need to be functional	
			Thank you!	

Received by (name and title printed): Leah Blankenship General Manager		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Leah Blankenship		Inspected by (signature): JW 3464376
cc:	cc:	cc:



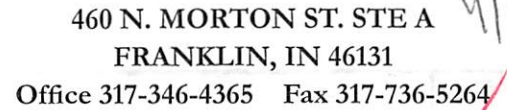
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

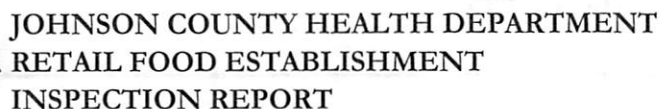
Establishment name <i>Alpha</i>	Telephone Number () Establishment	Date of Inspection <i>4-18-22</i>	ID# <i>2423</i>
Establishment address	() Owner	<i>2:30p</i>	
Owner	Purpose: 1. <u>Routine</u>	Follow-up <i>No</i>	Release Date <i>4-28-22</i>
Owner address	2. Follow-up	Summary of Violations: <i>C 0 NC 2 R 0</i>	
Person in charge	3. Complaint		
Responsible person's email	4. Pre-Operational	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Certified food handler <i>Elizabeth Fine Men Trial 26</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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"

[illegible]

Received by (name and title printed): P. Julie Sun		Inspected by (name and title printed): Elizabeth Schuler	
Received by (signature): [Signature]		Inspected by (signature): [Signature]	
cc:	cc:	cc:	





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Becky
4/4/22

- 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"

[illegible]

Received by (name and title printed): Merika Crawley General Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Beky
4/14/22
✓

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.

Establishment name BAAM Energy	Telephone Number () Establishment () Owner	Date of Inspection 4/11/22	ID# 1510
Establishment address 1032 US³S Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 4/10/22
Owner		Summary of Violations: C <u>1</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge X			
Responsible person's email			
Certified food handler			

• 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 by
187	C		popping boba read 44° in reach in cooler ↳ observed whipped cream in same cooler	4-8-22
			Note: make sure to change sanitizer through out the day	
			Note: baseboard / ceiling missing off the side wall of restroom	
			Thank you!	

Received by (name and title printed): x Lindsay Heck	Inspected by (name and title printed): Cassi Hall
Received by (signature): x Lindsay Heck	Inspected by (signature): Cassi Hall
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Belt
4/11

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.

Establishment name <i>Bar Louie</i>	Telephone Number <i>317 215-5400</i>	Date of Inspection <i>4/6/22</i>	ID# <i>1926</i>
Establishment address <i>1251 US 31 Greenwood IN 46114</i>	Owner <i>Frank Sweeney</i>	Follow-up <i>No</i>	Release Date <i>4/16/22</i>
Owner <i>Frank Sweeney</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner address		C <u>0</u> NC <u>4</u> R <u> </u>	
Person in charge <i>Megan Cherry</i>		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u>	
Certified food handler <i>Megan Cherry</i>			

• 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 by
324	NC	✓	Hot water at prep line hand sink was 142°F	4/11/22
431	NC	✓	Floors and floor drains soiled in some areas	4/11/22
218	NC	✓	Bottom drop plate for ice maker broken/cracked on both ends	5/6/22
			② Left metal plate for hinge on ice maker lid broken into two pieces	
295	NC	✓	① Inside bottom cabinet of deep fryers and wheels soiled	4/11/22
			② Soda guns at bar are soiled	
			Notes: Minor grout repair needed at dish area and bar area	

Received by (name and title printed): <i>Megan Cherry</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>Megan Cherry</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



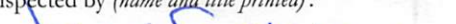
36-5264

264

Establishment name Bickford Assl. Living	Telephone Number () Establishment () Owner	Date of Inspection 4 20 22	ID# 1759
Establishment address 3021 Stella Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4 30 22
Owner Greenwood		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Certified food handler			

- 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"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
		
Received by (signature):		Inspected by (signature):
		
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Bukm
4/19

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.

Establishment name BIG Woods OF FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 4/18/22	ID# 2047
Establishment address 1800 E KING ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up cleaning	Release Date 4/28/22
Owner BIG Woods		Summary of Violations: C <u>0</u> NC <u>9</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge TERESA HALLORAN			
Responsible person's email			
Certified food handler TERESA HALLORAN			

• 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 by
431	NC		FLOOR NOT CLEAN IN AREAS OF WALK-IN COOLER, OUTSIDE WALK-IN FREEZER, KITCHEN - NEXT TO WALL AND UNDER EQUIPMENT	4/26/22
399	NC		WALL WORN IN AREAS OF KITCHEN, WALL COATING LOOSE AND MISSING IN AREAS, FLOOR TILE MISSING IN AREA	6/1
411	NC		LIGHTS OUT IN WALK-IN COOLER, CEILING OF KITCHEN, EXHAUST HOOD	5/1
324	NC		PART OF DRAIN PIPE MISSING ON ONE HANDSINK IN KITCHEN	4/28
256	NC		SEVERAL REFRIGERATORS IN KITCHEN - THERMOMETERS NOT CONSPICUOUSLY LOCATED	(corrected) 4/18
174	NC		FISH BATTER (SEASONED FLOUR) BULK CONTAINER NOT LABELED, PLASTIC LTD CRACKED/WORN	corrected 4/18
229	NC		2 door REFRIGERATOR IN KITCHEN - MISSING WHEELS / PLASTIC TUB USED TO SUPPORT REFRIGERATOR	5/18
228	NC		METAL TABLES IN KITCHEN - SHELVING NOT CLEAN	4/26
295	NC			

Received by (name and title printed):

Teresa Halloran, General Manager

Received by (signature):

Teresa Halloran

Inspected by (name and title printed):

Bob Smith EHS

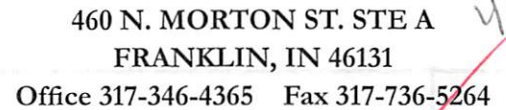
Inspected by (signature):

Bob Smith

cc:

cc:

cc:



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.

Establishment name Bluff Creek Golf	Telephone Number () Establishment () Owner	Date of Inspection 4/12/22	ID# 820
Establishment address 2710 Old State Rd 37 South, Greenwood	Purpose: ☒ 1. Routine ☐ 2. Follow-up ☐ 3. Complaint ☐ 4. Pre-Operational ☐ 5. Temporary ☐ 6. HACCP ☐ 7. Other (list)	Follow-up Notes	Release Date 4/22/22
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>0</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): X GRAD KUBER, mgr		Inspected by (name and title printed): Cassi Hall
Received by (signature): X 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beky 4/14/22

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.

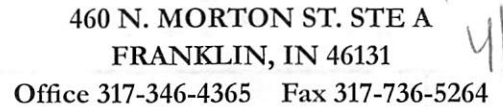
Establishment name Bob EVANS #453	Telephone Number () Establishment () Owner	Date of Inspection 4/1/22	ID# 2134
Establishment address 900 N MORTON ST FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/1/22
Owner Bob EVANS		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge JOHN WHITMAN			
Responsible person's email			
Certified food handler JOHN WHITMAN (Serusafe)			

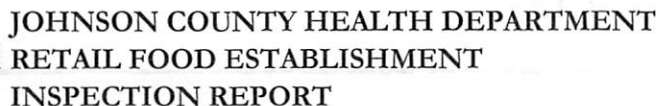
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• 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 by
431	NC	8	FLOOR NOT CLEAN IN AREAS OF KITCHEN, DISHWASHING, WALK-IN COOLER, WALK-IN FREEZER	4/6/22
(NOTE)			(DUMPSTER AREA - CIGARETTE BUTTS ON GROUND)	4/4
295	NC	+	UTENSIL DRAWER NOT CLEAN	
295	NC	-	INSIDE TOP DRIP EDGE OF ICE MAKER NOT CLEAN	4/6
295	NC	+	SIDES OF GRILL, KITCHEN METAL SHELVES NOT CLEAN	4/6
138	NC	+	HAIR RESTRAINTS (CAPS/VISORS/HAIR NETS) NOT WORN BY EMPLOYEES IN KITCHEN PREPARATION AREA	4/4
295	NC	+	2 DOOR REFRIGERATOR FRONT CONDENSOR FILTER NOT CLEAN IN KITCHEN	4/6
295	NC	+	DISCUT DRAWER NOT CLEAN	4/6
431	NC	+	RESTROOM - WOMENS COIL EXHAUST COVER NOT CLEAN	4/6
(NOTE)			MECHANICAL DISHWASHING FINISH SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 170°F)	OK

Received by (name and title printed): John Whitman	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:





460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Belm
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- [illegible]

317-346-4371



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Beth
4/19

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.

Establishment name CHICAGO'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 4/18/22	ID# 1131
Establishment address 1047 WEST JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/28/22
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>3</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge BETH MORRIS			
Responsible person's email			
Certified food handler CHASE KEAN CHASE KEAN			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	Ⓢ	door gaskets worn / split on PIZZA preparation 3 door refrigerator, AND 3 door UPRIGHT REFRIGERATOR	5/18/22
425	NC	Ⓢ	mop/brooms NOT hung up off floor	4/23
431	NC	Ⓢ	FLOOR IN AREAS NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN	4/23
439	NC	Ⓢ	CEILING TILES DUSTY/NOT CLEAN IN AREAS OF KITCHEN / DISHWASHING AREA	4/23
295	NC	Ⓢ	INSIDE TOP OF ICE MAKER NOT CLEAN	4/20
228	NC	→	UPRIGHT (SLIDING GLASS door) REFRIGERATOR NOT EASILY MOVABLE	5/18
431	NC	Ⓢ	MENS RESTROOM CEILING EXHAUST COVER DUSTY/NOT CLEAN	4/23

Received by (name and title printed): Beth Morris	Inspected by (name and title printed): Bob Smith-EHS
Received by (signature): Beth Morris	Inspected by (signature): Bob Smith
cc:	cc:

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.

Establishment name Chicago Pizza	Telephone Number () Establishment () Owner	Date of Inspection 4 18 22	ID# 2355
Establishment address 2245 Sheek Rd Greenwood	Purpose: ☒ 1. Routine ☐ 2. Follow-up ☐ 3. Complaint ☐ 4. Pre-Operational ☐ 5. Temporary ☐ 6. HACCP ☐ 7. Other (list)	Follow-up NR	Release Date 4 28 22
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): NOAH EPSTEIN		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature):  346 4376
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

Butter
4/1/19

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.

Establishment name CHILI'S	Telephone Number () Establishment () Owner	Date of Inspection 4/14/22	ID# 2292
Establishment address 2299 N MAIN ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/24/22
Owner		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MARK THOMPSON			
Responsible person's email			
Certified food handler MARK THOMPSON			

• 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 by
431	NC	*	FLOORS NOT CLEAN IN AREAS OF KITCHEN, WALK-IN COOLER, BAR, FLOOR DRAINS	4/30/22
295	NC	*	BACK EXHAUST HOOD FILTERS NOT CLEAN	4/20
399	NC	*	WALL COATING WORN IN AREAS OF KITCHEN	6/20
411	NC	*	SOME LIGHTS OUT ON BACK EXHAUST HOOD, SOME KITCHEN CEILING LIGHTS OUT	4/20
324	NC	*	RESTROOM HANDSINK men's/women's HAVE LEAK AT FAUCETS	5/11
425	NC	*	SOME MOPS/BROOMS NOT HUNG UP OFF FLOOR	4/18
218	NC	*	DOOR GASKET NOT CLEAN - 2 door UPRIGHT FREEZER	4/16
218	NC	*	ICE BUILT UP INSIDE FRONT KITCHEN REFRIGERATOR	4/18
(NOTE)			WOMEN'S RESTROOM CEILING VENT COVER NOT CLEAN	4/16

Received by (name and title printed): MARK THOMPSON	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

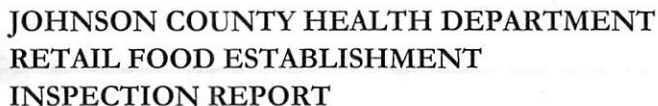


36-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed): X Lai na Cheng	Inspected by (name and title printed): Jaycie Blanford / Paul Becker
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Establishment name <i>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/14/22</i>	ID# <i>153</i>
Establishment address <i>10 W. Morton St. Frankfort, IL</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>4/24/22</i>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <u>✓</u> 3 _____ 4 _____ 5 _____	
Certified food handler			

- 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"

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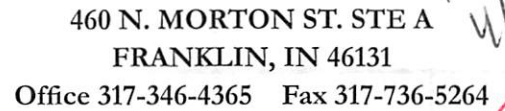
✓ DAVID DEUTING

[Signature]

Terry D. Faubus

King D. Fries Inc

CC:



317-346-4371

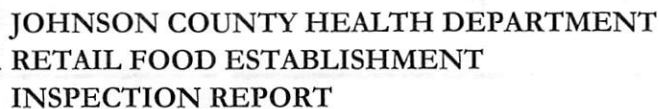
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Circle K</i>	Telephone Number () Establishment	Date of Inspection <i>4 18 22</i>	ID# <i>1927</i>
Establishment address <i>2114 Shuck Rd Greenville</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>4 28 22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 4 R 0</i>	
Owner address		Menu Type (See back of page) <i>X</i> 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- 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"

[illegible]

Received by (name and title printed): <i>Bob Jones</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name <i>Culver's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/18/22</i>	ID# <i>2171</i>
Establishment address <i>1142 N. Emerson Ave IN 46143 Greenwood</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>4/28/22</i>
Owner <i>Michael Flosi</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Wilbert Baber</i>			
Responsible person's email <i>(Sent Safe)</i>			
Certified food handler <i>Wilbert Baber (EXP: 1/26/27)</i>			

- 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"

[illegible]

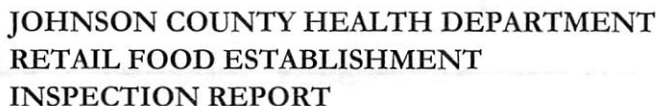
Wilbert Babes

Walter S. [unclear]

Andrew Miller, EHS

Andrew Miller

CC:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name CYPRESS RUN GOLF COURSE	Telephone Number () Establishment () Owner	Date of Inspection 4/27/22	ID# 766
Establishment address	Purpose: ☒ 1. Routine ☐ 2. Follow-up ☐ 3. Complaint ☐ 4. Pre-Operational ☐ 5. Temporary ☐ 6. HACCP ☐ 7. Other (list)	Follow-up —	Release Date 5/7/22
Owner LISA TIEDEMANN		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>★</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge LISA TIEDEMANN			
Responsible person's email			
Certified food handler			

- 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"

[illegible]

Received by (name and title printed): Lisa Testerman OWNER		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): LT		Inspected by (signature): Bob Smith
cc:	cc:	cc: