

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

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

Listablishin	ciit baiii	atto	in Requirements. The time mint for concern			or time report.
Establishmer			star of the later	Telephone Number	Date of Inspection	ID#
1-16	E	N	origina	( ) Establishment	and the same and t	2
Establishmer	nt addres:	S	o line Rd	( ) Owner	4 262	1580
79	16		olinered	Purpose:	Follow-up Release	Date
Owner			Greenway (	1. Routine	NO 5	677
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	_	6
Person in cha	arge		1,300	5. Temporary	c_O_Nc_7	R
			2 2	6. HACCP	46.2	
Responsible :	person's	email		7. Other (list)	Menu Type (See ba	ick of page)
			190			V
Certified foo	d handler	r .			123	_45
• CDITICAL I	TEME AD	EID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	, "R"
Section #	C/NC			Narrative	-	To Be Corrected by
399	NP.	_	Report / replace	missing bi	ice basics	0
) 1-1	NO	181	nd text to	Nensot O Ku	Lever it	tich
124-91-	att gave,	150		0	-010	
399	NC		Floor on covill	ine is sho	swino six	2005
			of wear 10. H	of resur	face Ofo	Showe
			smooth cleans	welle surto	uce	
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411					1	,
Note			Turn water on	a 2 51 n/c	5 12 50	J
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- 13	3.		area and a second			
- 747			Thank your			ida i
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Received by	(name and	title f	ornted):  Kenship General	AA ALA GA O	by (name and title printed):	1
Pagainad by	(cian atuma)	w	· ·	Tourneted Jeanneted	by (signature):	Saver
Received by	(signaligre)	6	BIMBUMI	mspected	Sular Sular	477h
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Section 1			V	27		



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

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Page 1 of

Establishmer	nt name		The state of the s	Telephone Number	Date of Inspection	ID#			
ALC	ha			( ) Establishmer	4-18-22	7472			
Establishmer	nt addres	S		( ) Owner	2131	2 1 2 5			
				Purpose:	Follow-up Release	e Date			
Owner				1. Routine	No 4-	28-22			
				2. Follow-up	Summary of Violati				
Owner addre	ess			3. Complaint					
			•	4. Pre-Operational	1 _				
Person in cha	arge			4	C O NC	C = 0 $NC = R$			
i cison in ci.	uge		# * ·	5. Temporary	[ C NC	C NC R			
Responsible	person's	email		6. HACCP	Many Type (See h	Menu Type (See back of page)			
Responsible	persons	Cilian		7. Other (list)	Menu Type (See 0	ack of pages			
Certified foo	d handle	r	. 5-11		-				
Elina	beth		Zing Men Tral 26 ENTIFIED IN THE CHECKLIST AND NARRATIVE		123	_45			
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		' AND IN THE NARRATIVE BELOW A	S "R"			
Section #	C/NC	R	J	Narrative		To Be Corrected by			
146	NC		Food items (Frozen F	Peas & Shoots	not properly				
	Sugar-	ela n	Labeled		7	1			
177	NC		Food product stored	on pallet	in back	1000			
			room making	floor not	- easily	1			
A s			Cleanable.	,					
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Received by	(signature)	:	Alle	It	nspected by (signature):	(			
cc:			Tcc:		cc:				



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

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

E . 11:1				T-1LNL	Data of Languagian	T	
Establishmen			MA 200 5 10 10 HOST	Telephone Number	Date of Inspection	ID#	
Establishmer	Ship?		by Hyperican Raion #152	( ) Establishment	1117117	2 10	
			110 01 0	( ) Owner	11616	~ 10 1	
5>4	SOL	ith	1 (153) Greenwood	Purpose:	Follow-up Releas	10-	
Owner				1. Routine	NO 15/	1/22	
				2. Follow-up	Summary of Violations:		
Owner addre	ess	-		3. Complaint			
				4. Pre-Operational			
Person in cha	arge			5. Temporary	CNCR		
	0			6. HACCP	C NC R		
Responsible	nerson's	emai		7. Other (list)	Menu Type (See l	ageh of page)	
responsible	persons	CITIAL	1	7. Other (usi)	Menu Type (See a	rack of page)	
Certified foo		H	Miller (ex214/25)	LTTERMENT ACCUSED ON THE PARTY OF THE PARTY	123	45	
100	1110	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
• VIOLATION(	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
431	NC		Floor Under Equipm	nent in Kitche	n and	34-78-22	
	21	risi	DONG Soiled.				
NOT	P. 9		NO date markings of	selled on som	e of the		
		,		each in cooler	Misp us	1910 7 19	
			#050000000		9) )		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	all l		Note: Wilk in reach	in cooler has a	best by		
			date of 411/12/				
			NOTE: light Sheild	Droken Dy No	nd Sink		
			0				
			11				
		15					
	-					V 490	
				700			
Received by	(name and	l title j	printed):	Inspected	by (name and title printed	): 1 0	
X TO	min	1.	STHWARTZENBERGE		S. Hall / A	aul Betip	
Received by	(signature	V: 7		Inspected	by (signature):	0 0 10	
×/7	M	11	daylallacis		DI HAN / RE	aul Betto	
cc			cc:	cc:			
				317-3	346-4371	Page 1 of	



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

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

Establishmen 7 7 Owner Owner addre	Povess	s Mc 914	RESTAURANT  ONROR ST FIBNKLIN, IN  EPSY  CLAWLEY	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#  H/H/AA 104  Follow-up Release Date  L 14 2A  Summary of Violations:  C NC R  Menu Type (See back of page)		
Certified foo	J l Jl .		INT I		10		
Certified 100	d nandle	·~	VERIKA CRAWLEY		123(	4 0 5	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NADDATIVE BELOW AS	upu	
Section #	C/NC	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative		To Be Corrected by	
174	NC	*				4/7/22	
			Some CONTAINA NO LABEL OF FOOD				
Received by Received by	rik	59	Crawley Genera	il Manager 3	d by (name and title printed):	ETHS	



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

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

Page 1 of

			- Atoquironionor and time mineral contour	on or each violation to specified it		
Establishmen			ii ideglas Rugers	Telephone Number	Date of Inspection	ID#
H151	Den	1	race	( ) Eliante year	11127	17011
Establishme	nt address	S	\	22411	4-1-22	1177
3154	`	CE	2135 46143	Purpose:	Follow-up Releas	a Data
Owner		0	-157		Tollow-up Releas	-11-22
Jan S	1		d / 0, - 1 - C	1. Routine		
Ur	10	/\_	9 Hosociates	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c	() R
Responsible	parcon's	omail		6. HACCP	77 /61	1 ( )
Responsible	persons	ептан	Plans 198 s l minimum	7. Other (list)	Menu Type (See b	ack of page)
0 -: 0 - 1 0	11 11				, , , , , ,	$\sim$
Certified foo	d handlei	c			123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
Ç.		,	· · · · · · · · · · · · · · · · · · ·	1 / 10	1	
	WHEN.		no violations of	served (2) the	time	-0. 3
	STREET,		A	<u> </u>	1 1965 0	N 10
			of inspec	tion		
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Received by	(name and	title t	orinted):	Inspected	by (name and title printed)	: 1
Sac	xic	Co	arlton	Ei	Zabeth ?	Schultz
Received by	A ~	:		Inspected	by (signature);	2000/
10	cken	, ( '	sull's	The second secon	valletto ?	Schutter
Scc:			cc:	(cc: 3)	7-346-6	f3730



#### 460 N. MORTON ST. STE 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. Establishment name Telephone Number Date of Inspection Establishment address Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 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 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" Narrative To Be Corrected by Section # C/NC R Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature):

317-346-4371

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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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			Marine Committee of the Printers of the Printers of		
Establishment name	Telephone Number	Date of Inspection	ID#		
Bar Douce	(3/7) 215,75400	4/6/22	1926		
Establishment address  125/1/C 21 Greenwood	( ) Owner	17 07	, ,		
1001 00 01 11/14	Purpose:	Follow-up Release	1111-0		
Owner Lands America	1 (Routine	100 41	16/27		
J'hank swelly	2. Follow-up	Summary of Violation	ns:		
Owner address	3. Complaint				
	4. Pre-Operational		4		
Person in charge	5. Temporary	c_0_Nc_9	R		
Megan (herry	6. HACCP	h sur	- 110_/ R		
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)		
	1	tomic at	71 67		
Certified food handler		1 2 3	4 1/5		
Megan Cherry					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T					
Section # C/NC R	Narrative /	7	o Be Corrected by		
324 NC V Plot water at	prepline.	hand	4/11/22		
Sink was 192	of 1	100.0	11/2		
431 NCV Filoons and f	con arains	Solled	4/11/12		
219 NC V Bottom drop	allas lo	2 101	5/1/22		
218 NC V OBOTTOM drop	in 1000 dd	m	3/0/22		
Just h man	ar ourcer	970			
13 Lot motal	Mater em h	IN no.			
moses makes	The less loo	koh)			
Into turo, oil	Ces	1	1		
295 NCV O Smide Votto	n cabinet	OX.	+,		
close kyers an	d wheels	Coiled	4/11/2		
(2) Soda gun	s at var	are	1/1/		
Soiled	<u> </u>				
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Thotes: Mine	of grout repo	w,			
needed at i	aisa area a	ind			
lar area					
Received by (name and title printed):	Inspect	ed by (name and title printed):			
Megan Claryry	and the second	ndrew Mil	len EHC		
Received by (signature)	Inspect	od by (signafure):	500		
I WANT I PLIN		od by (signafure): Walker M	ulles		
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No service a service of the service of		tatio	n Requirem	ents. The time limit	for correctio	on of each violation is sp				of this report.
Establishmer			0.0	1 1 5.0	+ D   11   12	Telephone Number		Date of Insp	ection	ID#
Establishmer	nt addres	VV	JA	59, LIV	7	( ) Establishme	ent	117	07-	1750
			1 - 1		0	( ) Owner		4 4	0 6	7 7 7
	1	5	Heila	200		Purpose:		Follow-up	Release	
Owner				Greenu	laco	1. Routine		NO 4 30 22		
						2. Follow-up		Summary of Violations:		
Owner addre	ess					3. Complaint		t		
						4. Pre-Operational				0
Person in ch	arge					5. Temporary		$_{\rm C}$	NC_	$Q_{R}$
l v						6. HACCP				
Responsible	person's	emai	l		= 173	7. Other (list)		Menu Tvt	e (See b	ack of page)
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Certified foo	d handle	r			CONTROL DO		_	1 2	3 ×	1 5
								12		_43
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN	THE CHECKLIST AND	) NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	ΓED F	ROM PREVIOU	IS INSPECTIONS ARE DEN	NOTED IN THE	E "SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVI	E BELOW A	5 "R"
Section #	C/NC	R			]	Narrative				To Be Corrected by
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			451 111 12	A Francis South	3111	1 1 51			- A	
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received by	(signature)	•					2	( 5	16	72710
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme				T-11N1	D			
BIG		mad	S OF FRANKLIN	Telephone Number		ID#		
Establishme			J CI TINFONCE	1	4/18/22	2047		
			19 ST. Franklin, In	( ) Owner		1		
Owner		LDI	of St. Throngho, It	Purpose:  1. Routine	Follow-up Release	28 22		
-	= W	/			Summary of Violati	0 0 1		
Owner addr		000	7.5	2. Follow-up	Summary of Violati	ons.		
Owner addi	C33			3. Complaint				
D : 1				4. Pre-Operation		C O NC 9 R		
Person in ch	rere	on	HALLORAN	5. Temporary	CNC	R		
Responsible				6. HACCP	N 77 (0 1	1.6		
Responsible	persons	emai		7. Other (list)	Menu Type (See b	ack of page)		
Certified foo	od handle	er						
T	4 co	SA	HALLORAN		123	5		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW AS			
Section #	,	R		Narrative		To Be Corrected by		
431	NC	d	FLOOR NOT CLEAN		OF WARKIN	4/26/20		
	150			2 x - 2 h - noc	TOR, KITCHEN-	-200		
200	.10		WEXT TO WALL AND		BUTPMENT	111		
399	NC	4	WAZL WORN DN AR			6/1		
, , , , , ,	NC		COUTING LOOSE AND	WALK-IN	IN ARRAS, FLOR T	E MISSING		
711	100	4	COILING OF KITCH			271		
324	wc	_		IRO MISSIA	1000	STATE OF THE PARTY		
50.				TRHEN		4/28		
256	NC	2	SEVERAL REFLIGERATE	ORS IN K	ITZHEW - (	corrected		
			THERMOPETERS NOT	CONSPICUO	OUSLY LOOPTS	- 4(18)		
174	NO	X	FISH BATTER (SEASOME)		A-0.	COCPECTED 4/1		
.539	Ne	6			TCKE/WORN _	25/1		
228	nc	A	- 1.110		RHEN-	In comp		
			missing wheels		BNSD TO	5 /18		
- 01 -	1010		SUPPORT REFRIGERY	4	1) 51/01/11/51	1115		
295	NC	~	MOT CLEAN	N KITCHET	-SHEZULTY	4/26		
	-		NOT COM					
Received by	(name and	d title j	printed):		Inspected by (name and title printed)			
	esc.	1 1	alluran, General Ma	1	Bob Smith	ETHS		
Received by			1-		Inspected by (signature):	The Party Edition		
Tu	_ /	1	P		al Im	D		
cc: /			сс:		cc:			
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishin	ent sam	tatio	n Requirements. The time limit for correcti	on of each violation is specified	i in the narrative portion	or this report.	
Establishme	nt name	$\wedge$	17 16 16 16 16 17 17 1 1 1 1 1 1 1 1 1 1	Telephone Number	Date of Inspection	ID#	
blu	Hut	(1)	(PRK 610H	( ) Establishment	4/12/12	870	
Establishme	nt addres	S	OVER GIVEN	Owner )	111966	000	
L110	Ok	15	tote Rd 5/2(1th)	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine	MOVES 4/2	2122	
				2. Follow-up	Summary of Viola	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational	I , ,		
Person in ch	arge	-	factor factors in the second	5. Temporary	5. Temporary C NC R		
X				6. HACCP	n k gar gr		
Responsible	person's	emai	le gal e gal e d'annue e	7. Other (list)	Menu Type (See	pack of page)	
0 :0 16	11 11		A STATE OF THE STA		V		
Certified foo	od handle	ı			123	45	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		1	
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
415	C		Observed rodent	droppings in cab	met under	4-15-22	
			the not dog roller		1 1	11 1= 1	
			Desingle USE	Hems need to	be thrown	4-12-12	
			Florido				
			Note: replace br	oken the com	neters in		
			Fridge & Freeze	CHAIL TAKELLANDI.		1	
1.			110) 2 1110				
						1	
					tanta and a state of	Park All	
			en eden den eden eden et et e			151	
	4		- (17.5-y)		1815		
						Lib.	
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Received by	(signature		out find.	Inspect	ted by (signature):	and the second second	
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## 460 N. MORTON ST. STE A V\\ FRANKLIN, IN 46131

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Date of Inspection Establishment name Telephone Number Bab ) Establishment Establishment address ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational  $_{\rm C}$   $_{\rm NC}$   $_{\rm NC}$ Person in charge 5. Temporary JOHN WHITMAN 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler SERUSAFE) WHITMAN JOHN 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" Narrative To Be Corrected by Section # C/NC R H31 FLOOR NOT WISHWASHING Free ZOB UMPSTER AREA - CTAPACETE BUTTS ON GROUND CTENSIL NORWER IN SIDE NOT CLEAN 295 SEDES OF 9 CELL NOT CLEAN 138 HATR RESTUATIONS (CAPS/UISORS HATER PREPARATION 2 door REFLIGETATOR Frant BISEVIT STANGER RESTROOM - CHOMERS CERTIFY EX MANST COVER NOT CLEARN mecHANICHE dISHMACHIAP AJPOUATO Inspected by (name and title printed): Received by (name and title printed): Im MH Inspected by (signature):



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Establishmen  Establishmen  Owner  Owner addre	hach US 3 hol	3/0	ling 7 5, 6	# 84 reer	14 14000, 146,142	, /N	Telephone Number (3/7) Shabishiy Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	2.69	Pollow-up Release Summary of Violatio	30/22 ns:	
Responsible person's email  Certified food handler  Serv Safe  Exp: 9/29/25						Safe 129/25/	6. HACCP 7. Other (list)	,	Menu Type (See back of page)  12345_		
1//						/	E COLUMNS MARKED "C		THE NARRATIVE BELOW AS	"P"	
Section #	C/NC		COM FREVIOU	3 INSPEC	CTIONS ARE DI	TO SERVICE SHOW THE	Narrative	NS AND IN I		To Be Corrected by	
43/	NC		Rul free are	Ver Dai	are orled	soil Soil (2)	inside u	in	ketchen	5/10/22	
295	NC		and	est 1	neck	Sod	a dispens	sing	part	Corrected	
Received by Received by	15		rinjed): ) //	ec:	dia	-		And	by (name and title printed): VPW by (signature):  MUW MUS	ler, EH S	



#### 460 N. MORTON ST. STE A 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.

Owner addre	ess arge person's	Sto Sto email	the Rd 135; Greenwad	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	ns:
Certified foo					12_X_3	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"
Section #	C/NC	_		Narrative		To Be Corrected by
	NC		Thank You!	served for hoc	Jd .	5-1-72
Received by	une	<i>+</i>	tummel	COS	d by (name and title printed):  d by (signature):	

317-346-4371

Page 1 of \_



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

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

Establishme	nt name		- Q - pigit d'alterne la la la con-	Telephone Number	Date of Inspection	ID#
CH	1 CA	90	5 PIZZA	( ) Establishmer	11/10/12	1131
Establishme				( ) Owner	4/18/22	1121
1040	7 W	est	JEFFERSON ST. FRANKLIN ITM	Purpose:	Follow-up Release	Date
Owner				1. Routine		28 22
				2. Follow-up	Summary of Violation	Control of the Contro
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	aroo			4 ^		7 p
		m	ORRIS	5. Temporary	C NC	R
Responsible				6. HACCP	N 7 (C 1	1
Responsible	persons	eman	De la companya de la companya	7. Other (list)	Menu Type (See bo	ick of page)
Certified foo	d handle	er			-	
RAP.		-	CHASE KEAN		1234	_4/5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	Manager and the second	
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative		To Be Corrected by
218	NC	9	door gaskers work		on	5/18/100
	di Ass		PIZZA prepArATION		e Friger Aton,	MET 10
61 119	21,742			ISHT REFII	9	1/22
425	NC	8		tung up of	FROR	4123
431	NC		FLOOR DN APPAS	WEXT TO	WHEL	4123
1100	NC	14	UNDER EQUIPME		LEAN	4/23
439	NC	CO	OF KITCHEN / dl	5 HVASHING	on Areas	7100
295	NC			I've maker		4/20
228	NC	0			) REFIZORATOR	5/18
20.0	1-0		NOT EASTLY MOWE	ABIO	The state of	5 110
431	we	(A)		142 S. R. 143 S. P. 145 S. P. 1	KHAUST COVER	4/23
			dusty/NOT CLEAN			
		1				
Received by	(name an	d title ]	printed):	lı	ispected by (name and title printed):	- 1
Received by	(signature	2):	1	Iı	rispected by (signature):	)
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cc:		4.10	сс:		cc:	



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

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

		tatio	if Kequirements. The time limit for correc				or tins report.	
Establishme	nt name		Company The second of the second	Telephone Number		Inspection	ID#	
CM	1(0	52	241720	( ) Establishme	ent ( .		7	
Establishme	nt addres	so		( ) Owner	9	18 12	1555	
110	5	5	neel Rd Greenw	Purpose:	Follow	-up Release		
Owner				1. Routine	N	2 4	T8 72	
				2. Follow-up	ary of Violatio	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operation	al			
Person in ch	arge			5. Temporary		\_NC_	Z R O	
	U			6. HACCP	"	(h)		
Responsible	person's	emai		7. Other (list)	Menu	Type (See ba	ack of page)	
T. C. P. C.	Person			7. Other (usi)	Mend	Type (See of	ick of puges	
Certified foo	d handle	r			— <u> </u>	2 3 12	4 5	
					l <sup>1</sup>	23	_45	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATION	S" AND IN THE NARE	RATIVE BELOW AS	"R"	
Section #	C/NC	R		Narrative			To Be Corrected by	
238	N	-	Remove, Sp. le.	d aprino	s in de	DA.	men	
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INO TABLE	- 0 1149		A 700 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M					
310	SM		crean the extr	laust ho	Ossa			
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		-						
			Care Care Care Care Care Care Care Care			10.40		
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							100	
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	Nat		EPTLE		Jenni	Je U	James	
Received by	(signature)	):/	7/5		Inspected by (signal	ture):	1	
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cc:			cc:		cc:			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen	nt name	, 15		Telephone Numbe		Date of Inspection	ID#	
				( ) Establishme	ent	4/14/22	· 2292	
Establishmer			ADU SY FIANKEN, IN	( ) Owner  Purpose:				
						Follow-up Release	Date	
Owner				1. Routine			74/22	
				2. Follow-up		Summary of Violation	ons:	
Owner addre	ess			3. Complaint				
				4. Pre-Operation:	al	0) (	>	
Person in cha				5. Temporary		$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$		
1	AR	K	THOMPSON	6. HACCP		aight of the		
Responsible	person's	emai	per transfer specific to the specific transfer specific to the specific transfer spe	7. Other (list)	-27	Menu Type (See ba	ick of page)	
			et language de la company	PROPERTY OF THE PARTY OF THE PA		, seather those		
Certified foo			Mompson		14.1	12	55	
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN T	HE NARRATIVE BELOW AS		
Section #		_		Narrative			To Be Corrected by	
431	MC	2	FLOORS NOT CLEA				4/20/20	
				IN COOLER	BA	12,		
295	224	do	BACK EXHAUST HOOD	ELITME! A	107	010001	11/20	
399	NC	D	WALL COUTING WORL	FILTERS A			4/20	
2111	WC	8	Some Lights out			AUST	4/20	
7,117	10 C	- Oc	Hood, some kITCHE			19HTS	7/00	
			OUT		7	. / / / /		
324	NC	a		( mens/we	me	us	5-11	
				AUCETS			,	
425	NC	4	some mors/BROOMS				e 4/18	
0	aic	0	door gasket NOT	CLEAN - 3	door	UPRIGHT	4/16	
295	10	2,11	FREEZER			U 434	, ,	
218	NC	0	FO BUTT UP INS.	ZOP FRONT	- K1	Tetten	4/18	
			REFIGERATOR					
	N. S. S.		womens restricon	COTLING	1011	Tover	11/11	
(W.	ore		NOT CLEAN	Cercing	ven:	were	7/10	
			1001 202 111					
Received by		title p	MOMPSON			by (name and title printed):	1 1 1	
Received by			0 =			oy (signature):	×	
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cc:		1	cc:		cc:			



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

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

Establishmer  Establishmer  5893  Owner  Owner addre	otrde at addres SK ess	2 13		Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP	Date of Inspection  4/1/22  Follow-up Releas  NO 4  Summary of Violate  C NC_	/11/22 ions: 2 R 1
Certified foo				7. Other (list)	Menu Type (See b	4 \( \sigma_5 \)
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC			Narrative		To Be Corrected by
431	NC		Floor draine under	store and 3-16	ogy soiled	4/5/22
130	NC	di en	Don't block hand sin	R & Used for handwe	ashing only	4/1/22
			Note: No phones on Cu	thing board!!		
Received by Received by	ai n	a	cc:	Jai	ed by (name and title printed)  All Blantoval  ed by (signature):  yu Blantoval	Page 1 of



# 460 N. MORTON ST. STE A 4

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

		tation i	tequirements. The time mint for confec				
Establishme				Telephone Number	Date of Inspection	ID#	
Establishmer	Cira	le	IC	( ) Establishment	4/14/22	123	
Establishme	nt addres	S		( ) Owner	7/14/22	15 /	
10	Ar,	most	on st. Franklin Ill	Purpose:	Follow-up Release		
Owner				1. Routine		4/24/22	
				2. Follow-up	Summary of Viola	tions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge	-		5. Temporary	C O NC	7 - R	
	8"			6. HACCP	C _ O _ NC _ Z _ R		
Responsible	nerson's	email	The first that the second	7. Other (list)	Menu Type (See	hach of page)	
responsible	persons	Cilian		7. Other (usi)	Menu Type (See	sack of page)	
Certified foo	d handle	r				4 5	
					123	45	
• CRITICAL	ITEMS AF	RE IDEN	TIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"	THE RESERVE THE PROPERTY OF TH		
• VIOLATION	(S) REPEA	TED FRO	M PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
431	Ne		Floor in the	back office	area	4/16/26	
	i.		is suited.		t and the secondary	1 12 to 1	
						1	
431	NC		Floor under	Front counte	r 75	V	
			50 50:100				
						+	
		_	12 12 21	* .		-	
			y The ste	150 15			
7			Much	in product			
110				<del> </del>	- 32		
					7.0		
			914				
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Received by	(signature)	· 1	10,0	Inspe	ected by (signature):	State of the state	
4 -	26	10/	2016		Muy D Frey	1 love	
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			1	1			



460 N. MORTON ST. STE A 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.

Establishment name  CivCle K # 4700055  Establishment address  9400 Stote Rd 144 46151  Owner  Owner address  Person in charge  X  Responsible person's email	Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP	Follow-up Release Date    C NC R   R   R   R      C NC R   R   R   R      C NC R   R   R   R      C NC R   R   R   R   R      C NC R   R   R   R   R      C NC R   R   R   R   R   R      C NC R   R   R   R   R   R      C NC R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R   R      C NC R   R   R   R   R   R   R   R   R   R
Certified food handler  CENTIFICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA		Menu Type (See back of page)  12_X345
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN  Section #   C/NC   R	Narrative	To Be Corrected by
HSINC Back Stock room  Fineld  Sobse  H31  Map Sink Soiled  Single Use items not  Stock room  NOTE: Diserved  Freezer	tion is soiled is clean roder of stored Grad with off gives build up in	HS in traps round in back Walk-in
Received by (name and title printed):  X DAVID Shinn Mg(  Received by (signature):  X David Shinn	Cas	ted by (name and title printed): ted by (signature):
сс:	cc:	

317-346-4371

Page 1 of



#### 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		
Establishment name	Telephone Number	Date of Inspection ID#
Circle 12	( ) Establishment	
Establishment address	( ) Owner	4 18 22 1927
2 114 shall by Greeneve	Purpose:	Follow-up Release Date
Owner	1. Routine	NO 47877
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	4	$C \longrightarrow NC \longrightarrow R \longrightarrow$
i cison in charge	5. Temporary	CNCR
Responsible person's email	6. HACCP	M. T. (See heek of pens)
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		$\sim$
ectuled food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
4710M Fleur and organ	rice back	rom - all
Hens aled ato	he off to	u flow
425 NR Home up all may	os browns	and dustyons
0 0	)	1
431 No Clack the Floor	avain in	sotwern
B1B racks		
	-	f) - 15
431 re l'ear the walk	in cooler -	How - milk
ride		
mank sont	<del> </del>	
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Received by (name and title printed):	Inspec	ted by (name and title printed):
1200 HO102	26	in 1 ter Warrer
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

-								
Establishme	ent name	, 1	galantin in the second of the	Telephone Number	Date of Inspection	ID#		
(II	lue	41	Ł	( ) Establishment	4/18/22	2171		
Establishme	ent address	S	Greenwood	( ) Owner	7,0,00	4///		
1142	N. 8	m	erson AVE IN 46/40	Purpose:	Follow-up Release			
Owner	201		1 41.	1. Routine	NO 41	28/22		
//	uch	la	l T'esse	2. Follow-up	Summary of Violation	ons:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	parge <sub>1</sub>	- 6.		5. Temporary	c 0 NC 3 R			
911	11/10	41	Belief	6. HACCP	n a sylu			
Responsible	person's	email	Carcale	7. Other (list)	Menu Type (See ba	ick of page)		
	1		(Sensate	) Giller (many	manual Type (occ or	/		
Certified for	odyhandler	r ,	D D EXP: bylon 1		1 2 3 1	4 5		
Ull	ller	t	Daber 1/26/27/		12			
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		A NEW		
		ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
Section #		R	1	Varrative		To Be Corrected by		
295	NC		Exterior top of	mechanica	el dish	4/18/22		
- 1			machine was	soiled	6	1,1,		
324	NC		Hot water temper	ature at	nana	4/28/22		
210			Junk in prepara	ition area	was 128°F	1/21/22		
218	NC	(	Surainer with	1.4.	vas	4/24/22		
			2) On the in All	carret at	Prottom)			
			Ind hourse,	1101 BILL	los			
			Anduych Cholos	unt	000			
			TOUR ON TOUR	- Mgar				
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	Ly.			The six is	1 / Carles - 1927	9		
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D/: 11			1)	T	11 ( 101/11/11/11/11/11/11/11/11/11/11/11/11/			
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			1					the mariatre	_	· · · · · · · · · · · · · · · · · · ·	
Establishme	nt name	((	20101	( N	F 0.000	Telephone Numb		Date of Inspe	ection	ID#	
			RUN	COL	F COURSO	( ) Establishm	ent	21/2	7/22	766	
Establishme	nt addre	SS				( ) Owner		112	1/22	100	
						Purpose:		Follow-up	Release I	) 1 / 2 2	
Owner						1. Routine	1	-	51	7/22	
LISA TIEDEMANN						2. Follow-up		Summary of Violations:			
Owner address						3. Complaint					
						4. Pre-Operation	ial				
Person in charge					5. Temporary		c	NC = 3	R		
LISA	II	09	eman	IN		6. HACCP			p F		
Responsible				- 19.00 h		7. Other (list)	- t	Menu Type	e (See bac	k of page)	
	•					in Guzza (may			100000	5) [285]	
Certified foo	d handle	er						(2 \$	$\overline{\chi}_3$	4 5	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	N THE CHECKI	LIST AND NARRATIV	E COLUMNS MARKED "C"	•				
			ROM PREVIOU	JS INSPECTIONS		E "SUMMARY OF VIOLATION	IS" AND IN TH	HE NARRATIVE	-		
Section #		_		2:2: 2		Narrative	25.11			o Be Corrected by	
256	NC	- A	- 7	Rmo m		NOT CONS				ORRECTS	
		121	200	HTED	IN 501	me refrigi	e i Aro	x /H	es ze k	4101	
		-	aren	13		a TA TO	10	- 1000000000000000000000000000000000000			
295	NC	×	m 7	CROWI	que NOT	- CLEAN S	DV570	6		5/1	
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No	TP	Ø.	Ile	MAKE	PR NOT	Dr USE (A	107 CL	eon In	sed)	5/10	
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112	NC	X	5701	re/ove	N NOT	commerce	CIAC	TYPE		8/22	
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nue seu									boses		
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