

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 Rosie's Tavern	Telephone Number () 812-326-2201	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 8
Establishment Address (number and street, city, state, zip code) 4469 S OHIO STREET, ST. ANTHONY, IN, 47575	() 812-631-9480		
Owner Savanna & Shane Haas	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/25/2021
Owner's Address 4595 Baden Strasse, Jasper, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Savanna & Shane Haas		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Amy Mitchell 8/03/2026			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

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Establishment Name BAKER'S CORNER	Telephone Number () Ext. () 812-678-2225	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 10
Establishment Address (number and street, city, state, zip code) 11018 E SR 56, FRENCH LICK, IN, 47432	() Owner 812-865-6000		
Owner JOHN AND SANDRA BAKER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/25/2021
Owner's Address 11018 E SR 56, FRENCH LICK, IN, 47432		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JOHN AND SANDRA BAKER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler SANDRA BAKER 11/14/22			

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[illegible]

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Establishment Name BIG LOTS #254	Telephone Number (812) 482-2150	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 13
Establishment Address (number and street, city, state, zip code) 195 S US HWY 231, JASPER, IN, 47546	(614) 278-3627		
Owner BIG LOTS STORES INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/23/2021
Owner's Address 4900 East Dublin grandville Rd., COLUMBUS, OH, 43081		Summary of Violations: C 1 NC 1 R 0	
Person in Charge BIG LOTS STORES INC.		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler EXEMPT			

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[illegible]

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cc:	cc:	cc:	

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Establishment Name GI #820	Telephone Number () 812-482-4331	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 33
Establishment Address (number and street, city, state, zip code) 620 W 6TH STREET, JASPER, IN, 47546	() 813-740-0422		
Owner GIANT INDIANA LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/23/2021
Owner's Address 1806 N FRANKLIN ST, TAMPA, FL, 33602	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge kaylee	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Sheri Hayden exp 12/15/2021	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list) _____		

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cc:	cc:	cc:	

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Establishment Name BIRDSEYE SUNOCO #61	Telephone Number (812) 389-2811 (513) 367-9905	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 36
Establishment Address (number and street, city, state, zip code) 1 E. STATE RD. 64, BIRDSEYE, IN, 47513			
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/25/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C 1 NC 1 R 0	
Person in Charge Angela Kluesner		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler JANICE RIDENER 9/11/2023			

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Establishment Name DOLLAR GENERAL STORE #7817	Telephone Number (812) 817-0006	Date of Inspection (mm/dd/yr) 12/17/2021	ID # 59
Establishment Address (number and street, city, state, zip code) 1801 Sr 162,, FERDINAND, IN, 47532	(615) 855-4000		
Owner DOLGENCORP, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/27/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>1</u>	
Person in Charge tammy fiske		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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cc:	cc:	cc:	

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Establishment Name DAIRY QUEEN GRILL & CHILL	Telephone Number (812) 683-5083	Date of Inspection (mm/dd/yr) 12/03/2021	ID # 63
Establishment Address (number and street, city, state, zip code) 1404 N MAIN, HUNTINGBURG, IN, 47542	(812) Owner 812-827-5027		
Owner JESSICA SCHMETT	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/13/2021
Owner's Address 814 RIDGEWAY DR., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JESSICA SCHMETT		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler Doris Messmer exp. 9/20/2021			

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[illegible]

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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Establishment Name FAZOLI'S #1675		Telephone Number (812-634-1574 (859-825-6200		Date of Inspection (mm/dd/yr) 12/10/2021	ID # 72
Establishment Address (number and street, city, state, zip code) 703 THIRD AVENUE, JASPER, IN, 47546		Owner FAZOLI'S JOINT VENTURE, LTD		Follow-up No	Release Date 12/20/2021
Owner's Address 2470 PALUMBO DRIVE, LEXINGTON, KY, 40509		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Summary of Violations: C <u>3</u> NC <u>4</u> R <u>6</u>	
Person in Charge Scott		Responsible Person's E-mail		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Candi Grismore 10/12/2025					

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Section#	C/NC	R	Narrative	To Be Corrected By
187	C	R	Observed cheese and lettuce in prep table to be reading 55 degrees.	12/20/2021
295	C	R	Observed buildup on ceiling vents, floors and walls throughout establishment.	12/20/2021
338	NC	R	Observed ice machine drain to be too close to floor and does not meet requirements.	06/10/2022
399	NC	R	Observed missing ceiling tile in dry storage area.	06/10/2022
296	C	R	Observed build up of dust/dirt/debris on cooler fans and ceiling.	12/20/2021
218	NC		Observed freezer door to not be shutting properly, causing ice buildup in freezer and on door.	06/10/2022
431	NC	R	Observed floor drain by drive thru window and walk-in cooler door to have trash, dirt and debris buildup.	06/10/2022

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Establishment Name GROUNDING	Telephone Number () 812-482-4060	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 84
Establishment Address (number and street, city, state, zip code) 435 S. US HWY 231, JASPER, IN, 47546	() 812-631-0131		
Owner STEPHEN AND CHRISTY GORDON	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/23/2021
Owner's Address 570 S 900 W, VELPEN, IN, 47590		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>	
Person in Charge STEPHEN AND CHRISTY GORDON		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler CHRISTY GORDON EXP 6/13/2022			

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[illegible]

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Establishment Name HEADQUARTERS INC.	Telephone Number () 812-482-3411	Date of Inspection (mm/dd/yr) 12/08/2021	ID # 91
Establishment Address (number and street, city, state, zip code) 201 MAIN STREET, JASPER, IN, 47546	() 812-639-1844		
Owner ANDREW J. FRITCH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/18/2021
Owner's Address 933 Eisenhower Ave, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANDREW J. FRITCH		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jayne Lorey 3/12/2024			

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Establishment Name HOMETOWN IGA #450 (Jasper)		Telephone Number (812-482-3166)	Date of Inspection (mm/dd/yr) 12/20/2021	ID # 98
Establishment Address (number and street, city, state, zip code) 750 SECOND STREET, JASPER, IN, 47546		(812-482-1366)		
Owner HOUCHENS NORTH FOODS LLC		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2021
Owner's Address 611 BARTLEY STREET, JASPER, IN, 47546			Summary of Violations: C 3 NC 2 R 2	
Person in Charge Jim Perkins			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler Krista Maurer exp. 09/16/2026				

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Section#	C/NC	R	Narrative	To Be Corrected By
347	NC		Meat department hand sink missing paper towels.	06/20/2022
345	C		Observed hand washing sink in bakery being used for other purposes than hand washing.	12/30/2021
192	C		Observed expired infant formula on shelf for retail.	Corrected
310	NC	R	Observed buildup of dust/dirt/debris on fryer vents in deli.	06/20/2022
295	C	R	Observed buildup of dust/dirt/debris on fans in walk-in coolers in meat department and by produce department with bakery items.	12/30/2021

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Establishment Name HOMETOWN IGA #460	Telephone Number (812) 683-4653	Date of Inspection (mm/dd/yr) 12/06/2021	ID # 99
Establishment Address (number and street, city, state, zip code) 312 E 12TH STREET, HUNTINGBURG, IN, 47542	(812) Owner 812-482-1366		
Owner HOUCHENS NORTH FOODS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/16/2021
Owner's Address 611 BARTLEY STREET, JASPER, IN, 47546		Summary of Violations: C 3 NC 1 R 3	
Person in Charge Jeremy Thyen		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jeremy Thyen exp 03/18/2026			

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Establishment Name HUCK'S #350	Telephone Number () 812-634-1818	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 106
Establishment Address (number and street, city, state, zip code) 555 HOFFMAN ROAD, JASPER, IN, 47546	() 618-382-2334		
Owner MARTIN & BAYLEY INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/23/2021
Owner's Address 1311A W MAIN STREET, CARMIL, IL, 62821		Summary of Violations: C 4 NC 1 R 4	
Person in Charge Jessie Priller		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Jessie Priller 2020			

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Establishment Name JASPER COMMUNITY ARTS	Telephone Number (Establishment) 812-482-3070	Date of Inspection (mm/dd/yr) 12/10/2021	ID # 112
Establishment Address (number and street, city, state, zip code) 951 COLLEGE AVENUE, JASPER, IN, 47546	(Owner) 812-482-3070		
Owner CITY OF JASPER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/20/2021
Owner's Address 610 Main St, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kyle Rupert		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler Emily Peak exp. 1/31/2025			

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Establishment Name JASPER GIFT BASKET & POPCORN CO.		Telephone Number 812-634-2700		Date of Inspection (mm/dd/yr) 12/13/2021		ID # 113	
Establishment Address (number and street, city, state, zip code) 1524 NEWTON STREET, JASPER, IN, 47546		Owner Ken Hurst		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	
Owner's Address 8935 S. 400 W., JASPER, IN, 47546		Person in Charge Ken Hurst		Responsible Person's E-mail _____		Release Date 12/23/2021	
Certified Food Handler Ken Hurst exp. 3/12/2025		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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Establishment Name KALB'S CROSSROADS SERVICE	Telephone Number (812) 678-5358	Date of Inspection (mm/dd/yr) 12/01/2021	ID # 119
Establishment Address (number and street, city, state, zip code) 5130 E HWY 56, DUBOIS, IN, 47527	(812) 678-5358		
Owner MORRIS AND GERALD KALB	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 12/11/2021
Owner's Address 5130 E WHY 56, DUBOIS, IN, 47527		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge GERALD AND MORRIS KALB		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler ERIN KALB EXP 6/26/2023			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 KLUB HAUS 61	Telephone Number (Establishment) 812-482-2898 (Owner) 812-630-1355	Date of Inspection (mm/dd/yr) 12/20/2021	ID # 121
Establishment Address (number and street, city, state, zip code) 2031 NEWTON STREET, JASPER, IN, 47546			
Owner GAIL HETTINGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2021
Owner's Address 890 E. 190 N., JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge Jamie Boaz/Beth Harold		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler Jamie Boaz exp 4/3/2023			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 McDONALD'S #575810 (Ferdinand)	Telephone Number (812) 998-2023	Date of Inspection (mm/dd/yr) 12/17/2021	ID # 139
Establishment Address (number and street, city, state, zip code) 25 INDUSTRIAL PARK ROAD, FERDINAND, IN, 47532	Owner (270) 566-1749		
Owner SUSAN & RICK MANN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/27/2021
Owner's Address 3944 Fox Hollow Ct, JASPER, IN, 47546		Summary of Violations: C 0 NC 2 R 2	
Person in Charge LOGAN		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Logan Robling 4/19/2024			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 MONTE'S PIZZA	Telephone Number () 812-481-9966	Date of Inspection (mm/dd/yr) 12/08/2021	ID # 146
Establishment Address (number and street, city, state, zip code) 4951 ST. RD. 56, JASPER, IN, 47546	() 812-709-2262		
Owner NICK STRANGE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/18/2021
Owner's Address 13682 E 650 S, LOOGOOTEE, IN, 47553		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge NICK STRANGE		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Chelsey Strange exp.12/8/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 NICHOLSON VALLEY STORE	Telephone Number (812) 678-3333	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 149
Establishment Address (number and street, city, state, zip code) 10191 EAST STATE RD. 56, DUBOIS, IN, 47527	(812) 653-5053		
Owner TONY AND LORRIE SMOCK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/25/2021
Owner's Address 10133 E ST RD 56, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TONY AND LORRIE SMOCK		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Lorrie Gayle Smock 7/19/2024			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 OLD SCHOOL CAFÉ	Telephone Number () 812-683-4392	Date of Inspection (mm/dd/yr) 12/03/2021	ID # 153
Establishment Address (number and street, city, state, zip code) 304 E 4TH STREET, HUNTINGBURG, IN, 47542	() 812-661-2635		
Owner ROBERT AND SANDRA AHLEMEIER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/13/2021
Owner's Address 7262 S 75 W, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Sandy Ahlemeier		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Sandra Ahlemeier exp. 5/12/2026			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 ONE STOP CONVENIENCE	Telephone Number (812) 389-2898	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 154
Establishment Address (number and street, city, state, zip code) 500 W SR 64, BIRDSEYE, IN, 47513	(812) 631-1275		
Owner JUDIE GUDGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/25/2021
Owner's Address 500 W STATE ROAD 64, BIRDSEYE, IN, 47513		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANGELA COLLINS		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Judie Gudger exp. 12/31/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 PIZZA HUT #316854 (HUNTINGBURG)	Telephone Number (812) 683-0130	Date of Inspection (mm/dd/yr) 12/06/2021	ID # 160
Establishment Address (number and street, city, state, zip code) 701 N. MAIN STREET, HUNTINGBURG, IN, 47542	(502) 874-6302		
Owner PIZZA HUT OF AMERICA, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/16/2021
Owner's Address 3301 STOBBER RD, LOUISVILLE, KY,		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge MARINA J FORTES		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Rita McKee 12-19-2023			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 RALLY'S #9658	Telephone Number () 812-634-9001	Date of Inspection (mm/dd/yr) 12/08/2021	ID # 163
Establishment Address (number and street, city, state, zip code) 368 US HWY 231 S, JASPER, IN, 47546	() 813-283-7000		
Owner CHECKERS DRIVE-IN RESTAURANTS, INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/18/2021
Owner's Address 4300 W CYPRESS ST., STE 600, TAMPA, FL, 33607		Summary of Violations: C 0 NC 2 R 2	
Person in Charge CHECKERS DRIVE-IN RESTAURANTS, INC.		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler francisc marquez 9/27/2022			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 QUALITY INN & SUITES	Telephone Number () 812-367-1122	Date of Inspection (mm/dd/yr) 12/17/2021	ID # 164
Establishment Address (number and street, city, state, zip code) 440 S MAIN STREET, FERDINAND, IN, 47532	() 812-661-9658		
Owner PRAVEZ SHARMA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/27/2021
Owner's Address 3289 ST CHARLES ST, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge PRAVEZ SHARMA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler 1/20/2026			

• **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 THE ROCK BAR & GRILL	Telephone Number () Establishment 812-482-7557 () Owner 812-630-1794	Date of Inspection (mm/dd/yr) 12/08/2021	ID # 166
Establishment Address (number and street, city, state, zip code) 4997 W. ST RD 56, IRELAND, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/18/2021
Owner ROGER SCHWENK		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner's Address 4720 W 500 N, JASPER, IN, 47546			
Person in Charge Jennifer Haag			
Responsible Person's E-mail			
Certified Food Handler Jennifer Haag exp. 6/27/24		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

• **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SCHWAN'S HOME SERVICE, LLC	Telephone Number (812) 254-2438 (612) 439-8497	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 175
Establishment Address (number and street, city, state, zip code) 2436 E NATIONAL HIGHWAY, WASHINGTON, IN, 47501			
Owner CYGNUS HOME SERVICE, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 12/25/2021
Owner's Address P.O. BOX 178, MARSHALL, MN, 56258		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge nicholas		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SUBWAY #10492 (Ferdinand)	Telephone Number (812) 367-0808 (270) 577-3169	Date of Inspection (mm/dd/yr) 12/22/2021	ID # 184
Establishment Address (number and street, city, state, zip code) 75 INDUSTRIAL PARK SUITE A, FERDINAND, IN, 47532			
Owner JEFF TROXEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/01/2022
Owner's Address P.O. BOX 724, HENDERSON, KY, 42419-0724		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge DIANA/JASON TROXEL		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler jason troxel 01/06/2023			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SULTAN'S RUN GOLF CLUB LLC	Telephone Number (812) 482-1009	Date of Inspection (mm/dd/yr) 12/10/2021	ID # 188
Establishment Address (number and street, city, state, zip code) 1490 N MERIDIAN ROAD, JASPER, IN, 47546	(812) 482-1009		
Owner Steve Braun	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/20/2021
Owner's Address 1490 N MERIDIAN ROAD, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Phil Barth		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Phil Barth 8/30/21			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SUNSET CITGO	Telephone Number (812) 634-6530	Date of Inspection (mm/dd/yr) 12/10/2021	ID # 189
Establishment Address (number and street, city, state, zip code) 1281 THIRD AVENUE, JASPER, IN, 47546	(812) 683-4529		
Owner JAYME RASCHE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/20/2021
Owner's Address 610 S Foxtrot Ct., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge MISSY FRYE		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____			
Certified Food Handler Nicole McMickle 5/1/2023			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SUPER 8	Telephone Number () Establishment 812-481-2008	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 190
Establishment Address (number and street, city, state, zip code) 75 INDIANA STREET, JASPER, IN, 47546	() Owner 812-630-9936		
Owner DAXESH PATEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/23/2021
Owner's Address 75 INDIANA STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Pritesh Patel		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Daxeshkumar Patel exp. 10/25/2022			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SURE STAY PLUS	Telephone Number (812) 482-5555 (509) 759-5544	Date of Inspection (mm/dd/yr) 12/20/2021	ID # 191
Establishment Address (number and street, city, state, zip code) 951 WERNSING ROAD, JASPER, IN, 47546			
Owner GAGANDEEP BASRA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2021
Owner's Address 951 WERNSING ROAD, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SONIA BASRA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Gagandeep S. Basra exp. 9-05-2022			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 TACO BELL #3001094 (Ferdinand)	Telephone Number (812) 367-0817 (503) 722-2825	Date of Inspection (mm/dd/yr) 12/17/2021	ID # 195
Establishment Address (number and street, city, state, zip code) 420 S MAIN STREET, FERDINAND, IN, 47532	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/27/2021
Owner BELL INDIANA, LLC		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address PO BOX 507, WEST LINN, OR, 97068			
Person in Charge Randy Still			
Responsible Person's E-mail			
Certified Food Handler Randy Still exp. 1/3/2025		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 V.F.W. POST #2366	Telephone Number () 812-683-2366	Date of Inspection (mm/dd/yr) 12/03/2021	ID # 203
Establishment Address (number and street, city, state, zip code) 314 N GEIGER STREET, HUNTINGBURG, IN, 47542	() 812-683-2366		
Owner HUNTINGBURG VETERANS ASSOCIATION	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/13/2021
Owner's Address P.O. BOX 15, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kristy Nelson		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jean Nalley exp. 11/14/2022			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 WOOPENHEIMER'S BAR AND GRILL	Telephone Number (812) 695-3211	Date of Inspection (mm/dd/yr) 12/01/2021	ID # 214
Establishment Address (number and street, city, state, zip code) 451 W. HAYSVILLE RD., JASPER, IN, 47546	(812) 296-0406		
Owner BRANDON AND LUCINDA GRIMES	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/11/2021
Owner's Address 1839 US HWY 231, LOOGOOTEE, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRANDON AND LUCINDA GRIMES		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____			
Certified Food Handler LUCINDA GRIMES EXP 7/26/21			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 Badblood LLC DBA Jimmy John's Gourmet Sandwiches	Telephone Number (812) 706-9613	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 308
Establishment Address (number and street, city, state, zip code) 607 W 6TH STREET, JASPER, IN, 47546	(812) 706-9613		
Owner 10877 WEST ENGLISH COURT	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/23/2021
Owner's Address 10877 WEST ENGLISH COURT, NEWBURGH, IN, 47630	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge 10877 WEST ENGLISH COURT	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler michael weiland 6/12/23	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Other (list) _____		

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- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 HAPPY HOUR BAKERY		Telephone Number (812-639-8753)	Date of Inspection (mm/dd/yr) 12/22/2021	ID # 333
Establishment Address (number and street, city, state, zip code) 914 S CELESTINE RD S, SCHNELLVILLE, IN, 47580		Owner (812-639-8753)		
Owner JEREMY BETZ	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/01/2022	
Owner's Address 914 S CELESTINE RD S, SCHNELLVILLE, IN, 47580			Summary of Violations: C <u>1</u> NC <u>2</u> R <u>1</u>	
Person in Charge lea ann weathers			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler LEE ANN WEATHERS 8/30/2021				

• 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
177	C		Observed boxes and food containers being stored on floor in walk-in freezer.	01/03/2022
297	NC	R	Observed rack in walk-in cooler to have buildup of dust/dirt/debris and wall behind rack to have mold/dirt/debris buildup.	06/22/2022
409	NC		Observed missing ceiling tiles in dry storage room by breaker box.	06/22/2022

Received by (name and title printed):		Inspected by (name and title printed): Kymerlee	
Received by (signature):		Inspected by (signature):	
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 Thyen-Clark Cultural Center	Telephone Number () Establishment 812-482-3070	Date of Inspection (mm/dd/yr) 12/10/2021	ID # 340
Establishment Address (number and street, city, state, zip code) 100 3rd ave suite a, jasper, IN, 47546	Owner () Owner 812-482-3070		
Owner JASPER COMMUNITY ARTS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/20/2021
Owner's Address 610 Main St, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kyle Rupert		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler EMILY PEAK exp. 1/31/2025			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 CELESTINE COMMUNITY CLUB		Telephone Number (812) 678-3631		Date of Inspection (mm/dd/yr) 12/22/2021		ID # 376	
Establishment Address (number and street, city, state, zip code) 7742 E ELLSWORTH RD, CELESTINE, IN, 47521		(812) 678-3631					
Owner MEMEBER OWNED		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 01/01/2022	
Owner's Address P.O. BOX 321, CELESTINE, IN, 47521				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>			
Person in Charge HOLLY EPPL				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler HOLLY EPPL 2024							

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 COMFORT INN JASPER	Telephone Number (812) 556-2888	Date of Inspection (mm/dd/yr) 12/13/2021	ID # 386
Establishment Address (number and street, city, state, zip code) 1970 HOSPITALITY DRIVE, JASPER, IN, 47546	(812) 556-2888		
Owner COMFORT INN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/23/2021
Owner's Address 1970 HOSPITALITY DRIVE, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge RONDA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler RONDA 2025			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FRIENDS HOSPITALITY OF FERDINAND LLC		Telephone Number (812) 367-0951		Date of Inspection (mm/dd/yr) 12/22/2021		ID # 388	
Establishment Address (number and street, city, state, zip code) 40 INDUSTRIAL PARK RD, FERDINAND, IN, 47532		(812) Owner 812-430-6125					
Owner MANISH MALHOTRA		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 01/01/2022	
Owner's Address 8366 SHORE DRIVE, NEWBURGH, IN, 47630		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge MANISH MALHOTRA		<input type="checkbox"/> Complaint		C <u>0</u> NC <u>1</u> R <u>0</u>			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler Michael Ferguson 8/25/2026		<input type="checkbox"/> Other (list) _____		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 ARNIE'S CATERING	Telephone Number (812) 639-3178 () Owner	Date of Inspection (mm/dd/yr) 12/17/2021	ID # 401
Establishment Address (number and street, city, state, zip code) 4535 S. ST. JOSEPH STREET P.O. BOX 44, ST. ANTHONY, IN, 47575	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/27/2021
Owner ARNIE WELP		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address			
Person in Charge ARNIE WELP			
Responsible Person's E-mail			
Certified Food Handler Arnold Welp 8/2/2026		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 FISCHER FARMS NATURAL FOODS		Telephone Number (812) 481-1411		Date of Inspection (mm/dd/yr) 12/15/2021		ID # 428	
Establishment Address (number and street, city, state, zip code) 4630 S. CROSS ST., ST. ANTHONY, IN, 47575		(812) 481-1411					
Owner DIANA FISCHER		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 12/25/2021	
Owner's Address 4630 S. CROSS ST., ST. ANTHONY, IN, 47575		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge DIANA FISCHER		<input type="checkbox"/> Complaint		C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler EXEMPT		<input type="checkbox"/> Other (list) _____		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 LEBEN NUTRITION	Telephone Number (812) 518-9481 (812) 630-0369	Date of Inspection (mm/dd/yr) 12/20/2021	ID # 431
Establishment Address (number and street, city, state, zip code) 209 E SIXTH STREET, JASPER, IN, 47546			
Owner JODY VERKAMP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/30/2021
Owner's Address 5499 W Oak Ridge Dr, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge KRISTIN DAHMER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler has 6 months			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 McAlister's Deli	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 12/15/2021	ID # 440
Establishment Address (number and street, city, state, zip code) 3803 N Newton St, Jasper, IN, 47546	() Owner 971-219-3336		
Owner McAlister's Deli	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 12/25/2021
Owner's Address 3803 N Newton St, Jasper, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge Chris Dortch	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler Chris Dortch 2/10/2025	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Other (list) _____		

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 AMERICAN LEGION POST 124 (FERDINAND)	Telephone Number (812) 367-1241	Date of Inspection (mm/dd/yr) 01/08/2021	ID # 2
Establishment Address (number and street, city, state, zip code) 425 MAIN STREET, FERDINAND, IN, 47532	(812) 367-1241		
Owner MEMBERS OF CLUB	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/18/2021
Owner's Address 425 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C 1 NC 1 R 0	
Person in Charge Karissa Rohleder		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler KARISSA ROHLEDER 4/18/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 ARBY'S #5392	Telephone Number (812) 482-7111	Date of Inspection (mm/dd/yr) 01/07/2021	ID # 7
Establishment Address (number and street, city, state, zip code) 3739 N. NEWTON STREET, JASPER, IN, 47546	() Owner 678-514-4385		
Owner RTM OPERATING COMPANY, LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/17/2021
Owner's Address 3 GLENLAKE PARKWAY NE, ATLANTA, GA, 30328	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge BETHANY ALVEY	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>1</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler BETHANY ALVEY 10/7/2022	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 BRICK OVEN PIZZA	Telephone Number () Ext. () 812-683-2674	Date of Inspection (mm/dd/yr) 01/13/2021	ID # 19
Establishment Address (number and street, city, state, zip code) 420 E 6TH STREET, HUNTINGBURG, IN, 47542	() Owner 812-683-2674		
Owner Dennis R. Jackson	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/23/2021
Owner's Address 604 E 6TH STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Dennis R. Jackson		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jordan Richardson exp 11/14/2022			

- 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): Jordan Richardson		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 BURGER KING #1002	Telephone Number (812) 634-9669 (315) 424-0513	Date of Inspection (mm/dd/yr) 01/06/2021	ID # 23
Establishment Address (number and street, city, state, zip code) 3711 NEWTON STREET, JASPER, IN, 47546			
Owner CARROLS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/16/2021
Owner's Address 968 JAMES STREET, SYRACUSE, NY, 13203		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JAMES FRIARS D.M.		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler BRUCE HAMMOND 10/29/2024			

• **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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 NEWTON ST. SUNOCO #55	Telephone Number (812) 634-1121	Date of Inspection (mm/dd/yr) 01/07/2021	ID # 35
Establishment Address (number and street, city, state, zip code) 1402 NEWTON STREET, JASPER, IN, 47546	(513) 367-9900		
Owner HAWKSTONE ASSOCIATES INC/DBA TRIUMP ENERGY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/17/2021
Owner's Address 9171 dry fork rd, harrison, oh, 45030		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBA TRIUMP ENERGY		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler DIANA KLEEMAN 10/12/2021			

- **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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 LUBE WAY SUNOCO #56	Telephone Number () 812-634-7827	Date of Inspection (mm/dd/yr) 01/11/2021	ID # 39
Establishment Address (number and street, city, state, zip code) 1921 LUBE WAY, JASPER, IN, 47546	() 513-367-9900		
Owner HAWKSTONE ASSOCIATES IN/DBA TRUMPH ENERGY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/21/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES IN/DBA TRUMPH ENERGY		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>●</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail			
Certified Food Handler RODNEY WELP 5/14/2024			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FERDINAND-TOWN SUNOCO #59	Telephone Number (812) 367-2666	Date of Inspection (mm/dd/yr) 01/08/2021	ID # 40
Establishment Address (number and street, city, state, zip code) 1540 MAIN STREET, FERDINAND, IN, 47532	(513) 367-9905		
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/18/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Susie 10/12/21			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FERINAND-INTERSTATE SUNOCO #60	Telephone Number (812) 367-1138 (513) 367-9900	Date of Inspection (mm/dd/yr) 01/08/2021	ID # 41
Establishment Address (number and street, city, state, zip code) 460 MAIN STREET, FERDINAND, IN, 47532			
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/18/2021
Owner's Address 9171 DRY FORK RD, HARRISO, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Lorina Holsman		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Lorina Holsman exp. 7/21/2021			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HAYSVILLE SUNOCO #54	Telephone Number (812) 695-2505	Date of Inspection (mm/dd/yr) 01/07/2021	ID # 42
Establishment Address (number and street, city, state, zip code) 7136 US-231, JASPER, IN, 47546	(513) 367-9900		
Owner HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/17/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

• **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): Store Clerk		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 WESTSIDE DAIRY QUEEN & OJ		Telephone Number () Establishment 812-482-2766		Date of Inspection (mm/dd/yr) 01/06/2021		ID # 52	
Establishment Address (number and street, city, state, zip code) 606 W 6TH STREET, JASPER, IN, 47546		() Owner 812-634-9588					
Owner PHYLLIS STENFTENAGEL		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 01/16/2021	
Owner's Address 2482 STACEY LANE, JASPER, IN, 47546				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge NATALIE PUND							
Responsible Person's E-mail				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler Natalie Pund 2024							

- 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): Natalie Pund		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 DEB'S TRUCK STOP	Telephone Number (812) 389-2290	Date of Inspection (mm/dd/yr) 01/13/2021	ID # 54
Establishment Address (number and street, city, state, zip code) 502 W HWY 64 P.O. BOX 75, BIRDSEYE, IN, 47513	(812) 639-7526		
Owner DEBORAH D ERNST	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/23/2021
Owner's Address 25150 CHANDLER RD, BRISTOW, IN, 47515		Summary of Violations: C <u>1</u> NC <u>3</u> R <u>2</u>	
Person in Charge DEBORAH D ERNST		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler DEBORAH ERNST EXP. 7/9/2025			

• **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): Deborah Ernst		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #2743	Telephone Number (Establishment) 812-481-2091 (Owner) 615-855-4000	Date of Inspection (mm/dd/yr) 01/04/2021	ID # 57
Establishment Address (number and street, city, state, zip code) 671 3RD AVENUE, JASPER, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/14/2021
Owner DOLGENCORP, LLC.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Person in Charge tammy fiske			
Responsible Person's E-mail 			
Certified Food Handler Exempt			

• **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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FERDINAND PROCESSING, INC.	Telephone Number (812) 367-2073	Date of Inspection (mm/dd/yr) 01/08/2021	ID # 75
Establishment Address (number and street, city, state, zip code) 1182 E 5TH STREET, FERDINAND, IN, 47532	(812) 639-9948		
Owner PAUL AND PAULA GOGEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/18/2021
Owner's Address 3145 E FERDINAND RD. E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge PAUL AND PAULA GOGEL		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Amanda Sicard exp. 7/22/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOLIDAY INN EXPRESS	Telephone Number () Establishment 812-482-3344	Date of Inspection (mm/dd/yr) 01/06/2021	ID # 96
Establishment Address (number and street, city, state, zip code) 2000 HOSPITALITY DRIVE, JASPER, IN, 47546	() Owner 770-904-5220		
Owner MADHAVA PATEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/16/2021
Owner's Address 26 STAR LANE, S BARRINGTON, IL, 60010		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Ronda Jameson			
Responsible Person's E-mail		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Certified Food Handler RONDA 2025			

- 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): Rhonda Jameson		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 LOS BRAVOS MEXICAN RESTAURANT		Telephone Number () 812-482-7564		Date of Inspection (mm/dd/yr) 01/11/2021		ID # 129	
Establishment Address (number and street, city, state, zip code) 198 S NEWTON STREET, JASPER, IN, 47546		() 812-499-8151					
Owner ANA BRAVO		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 01/21/2021	
Owner's Address 5977 MEDINAH DR., NEWBURGH, IN, 47630		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>			
Person in Charge CONSUELO VELASQUEZ/DAVID PEREZ		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler FREDE CRUZ 5/20/24		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> 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): Consuelo Perez		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department

Telephone 812-481-7055

Fax 812-481-7069

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 MAIN'S BAKERY		Telephone Number () Establishment () Owner 270-231-7478		Date of Inspection (mm/dd/yr) 01/13/2021	ID # 134
Establishment Address (number and street, city, state, zip code) 501 N WASHINGTON STREET, HUNTINGBURG, IN, 47542					
Owner JIM MAIN		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 01/23/2021
Owner's Address 501 N WASHINGTON ST, HUNTINGBURG, IN, 47542				Summary of Violations: C 1 NC 1 R 0	
Person in Charge JIM MAIN				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail					
Certified Food Handler MELODY MAIN EXP. 1/19/22					

• 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"

Section#	C/NC	R	Narrative	To Be Corrected By
296	C		Observed buildup of food debris on doughnut holding racks.	06/14/2021
342	NC		Handwashing sink did not reach the required temperature of 100 F.	06/14/2021

Received by (name and title printed): Jim Main		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 MAMA T'S ITALIAN STEAK HOUSE		Telephone Number (812) 661-6093 (812) 661-6093		Date of Inspection (mm/dd/yr) 01/12/2021		ID # 135	
Establishment Address (number and street, city, state, zip code) 320 E. 4TH ST., HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 01/22/2021	
Owner BRANDON ACLES				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 320 E. 4TH ST., HUNTINGBURG, IN, 47542							
Person in Charge BRANDON ACLES							
Responsible Person's E-mail							
Certified Food Handler Phil Ohanian 2024				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 McDONALD'S #5349 (Jasper South)	Telephone Number (812) 482-7778	Date of Inspection (mm/dd/yr) 01/06/2021	ID # 138
Establishment Address (number and street, city, state, zip code) 450 HWY 231 S, JASPER, IN, 47546	(812) 720-3781		
Owner SUSAN & RICK MANN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/16/2021
Owner's Address P.O. BOX 710, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge OLIVE		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler OLIVE BUECHLER 3/8/2023			

- 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): Olive Buechler		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 MILL HOUSE OF JASPER, INC.	Telephone Number () 812-482-4345	Date of Inspection (mm/dd/yr) 01/11/2021	ID # 144
Establishment Address (number and street, city, state, zip code) 1340 MILL STREET, JASPER, IN, 47546	() 812-309-6003		
Owner WILLIAM AND KIMBERLY AULL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/21/2021
Owner's Address 2150 W. SHILOH LANE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WILLIAM AND KIMBERLY AULL		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>●</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail 			
Certified Food Handler Kim and Tracy 3/13/2023			

- 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
			No Violations observed at time of inspection	
			WORKING WITH OWNER ON BETTER SOLUTION FOR BASEMENT CEILING	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 MONTE'S PIZZA	Telephone Number () 812-481-9966	Date of Inspection (mm/dd/yr) 01/15/2021	ID # 146
Establishment Address (number and street, city, state, zip code) 4951 ST. RD. 56, JASPER, IN, 47546	() 812-709-2262		
Owner NICK STRANGE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/25/2021
Owner's Address 13682 E 650 S, LOOGOOTEE, IN, 47553		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge NICK STRANGE		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Chelsey Strange exp.12/8/2021			

- **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
191	C		Tubs in front fridge with cheese, bacon, ect. need dates if not used in 24 hours	01/25/2021
297	NC		Fridges below pizza building station have alot of build up	07/26/2021
			All employees in food prepration areas are required to wear masks	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 MOR FOR LESS	Telephone Number () 812-683-2405	Date of Inspection (mm/dd/yr) 01/12/2021	ID # 147
Establishment Address (number and street, city, state, zip code) 103 N MAIN STREET, HUNTINGBURG, IN, 47542	() Owner 812-630-8301		
Owner WAYNE KING	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/22/2021
Owner's Address 910 CHERRY RIDGE, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WAYNE KING		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler REX GIBSON 2022			

- 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): Wayne King		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 RON'S PLACE	Telephone Number (812) 683-9412 (812) 639-3548	Date of Inspection (mm/dd/yr) 01/06/2021	ID # 167
Establishment Address (number and street, city, state, zip code) 504 N VAN BUREN STREET, HUNTINGBURG, IN, 47542			
Owner BOB BUECHLEIN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/16/2021
Owner's Address 345 S TINSEL CIRCLE E, SANTA CLAUS, IN, 47579		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BOB BUECHLEIN		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Bob Buechlein exp. 08/21/2023			

- 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): Bob Buechlein Owner		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SANDER CATERING	Telephone Number (812) 634-1018 (812) 309-3269	Date of Inspection (mm/dd/yr) 01/11/2021	ID # 169
Establishment Address (number and street, city, state, zip code) 1137 S. CLAY ST., JASPER, IN, 47546			
Owner ALEX ZEHR	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/21/2021
Owner's Address 1137 S. CLAY ST., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ALEX ZEHR		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler RANDA STREET 2/21/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SNAPS	Telephone Number () 812-848-7627	Date of Inspection (mm/dd/yr) 01/06/2021	ID # 177
Establishment Address (number and street, city, state, zip code) 1115 MAIN STREET, JASPER, IN, 47546	() 812-848-7627		
Owner KIM MITCHELL (WTFDS LLC)	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/16/2021
Owner's Address 4981 W ST RD 56, JASPER, IN, 47546		Summary of Violations: C 0 NC 1 R 0	
Person in Charge KIM MITCHELL (WTFDS LLC)		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler KIM MITCHELL EXP 9/12/22			

- **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): Bartender/Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SPUDS FOOD MART	Telephone Number (812) 482-7031	Date of Inspection (mm/dd/yr) 01/15/2021	ID # 180
Establishment Address (number and street, city, state, zip code) 4953 STATE ROAD 56, JASPER, IN, 47546	(812) 631-1430		
Owner DAVID HASENOUR	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/25/2021
Owner's Address 4832 ST. PATRICK CRT., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Marilyn Stenftenagel		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler David Hasenuour 11/19/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SUBWAY -Bounds Enterprises Inc. (Huntingburg)	Telephone Number (812) 683-4141	Date of Inspection (mm/dd/yr) 01/04/2021	ID # 187
Establishment Address (number and street, city, state, zip code) 609 N MAIN STREET, HUNTINGBURG, IN, 47542	(812) 631-1636		
Owner TERESA A BOUNDS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/14/2021
Owner's Address 609 N MAIN ST, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JULIE EVANS		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler TERESA BOUNDS EXP 7-27-2023			

• **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): Teresa Bounds		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 PUB 'N' GRUB	Telephone Number (812) 631-0188	Date of Inspection (mm/dd/yr) 01/06/2021	ID # 369
Establishment Address (number and street, city, state, zip code) 514 JACKSON ST., JASPER, IN, 47546	(812) 631-0188		
Owner JARED WEISHEIT	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/16/2021
Owner's Address 514 JACKSON ST., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TRACEY PRICE		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler JARED WEISHEIT 2024			

- 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): Tracey Price		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 Rosie's Tavern	Telephone Number (812) 326-2201 (812) 631-9480	Date of Inspection (mm/dd/yr) 02/17/2021	ID # 8
Establishment Address (number and street, city, state, zip code) 4469 S OHIO STREET, ST. ANTHONY, IN, 47575			
Owner Savanna & Shane Haas	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/27/2021
Owner's Address 4595 Baden Strasse, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge Savanna & Shane Haas		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Amy Mitchell 8/03/2021			

- 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): Tammy Haas		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 AZURA RESTAURANT SYSTEMS, INC.		Telephone Number (812) 634-2211		Date of Inspection (mm/dd/yr) 02/01/2021		ID # 9	
Establishment Address (number and street, city, state, zip code) 198 3RD AVENUE, JASPER, IN, 47546		(812) Owner 812-661-7397					
Owner NICK HOSTETTER		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 02/11/2021	
Owner's Address 198 3RD AVENUE, JASPER, IN, 47546		<input type="checkbox"/> Follow-up		Summary of Violations: C 0 NC 0 R 0			
Person in Charge NICK HOSTETTER		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page) 1 0 2 0 3 ● 4 0 5 0			
Certified Food Handler NICK HOSTETTER 9/11/2023		<input type="checkbox"/> 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 ST. ANTHONY SUNOCO #58	Telephone Number (812) 326-2500 (513) 367-9900	Date of Inspection (mm/dd/yr) 02/17/2021	ID # 38
Establishment Address (number and street, city, state, zip code) 3969 E STATE ROAD 64, ST ANTHONY, IN, 47575			
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 02/27/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge GINA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler GINA WRIGHT 2023			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 CVS PHARMACY #6871 (FERDINAND)		Telephone Number (812)-367-2030 <small>(Employee)</small>		Date of Inspection (mm/dd/yr) 02/17/2021		ID # 49	
Establishment Address (number and street, city, state, zip code) 20 INDUSTRIAL PARK DRIVE, FERDINAND, IN, 47532		(401)-770-2816 <small>(Owner)</small>					
Owner HOOK - SUPERX, LLC.		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 02/27/2021	
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge Jennifer Pagragan		<input type="checkbox"/> Complaint		C <u>1</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler Exempt		<input type="checkbox"/> Other (list) _____		<u>1</u>  <u>2</u>  <u>3</u>  <u>4</u>  <u>5</u> 			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 CVS PHARMACY #6881 (HUNTINGBURG)	Telephone Number (812) 683-3309 (401) 770-2816	Date of Inspection (mm/dd/yr) 02/12/2021	ID # 51
Establishment Address (number and street, city, state, zip code) 610 N MAIN STREET, HUNTINGBURG, IN, 47542	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/22/2021
Owner HOOK - SUPERX, LLC.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895			
Person in Charge ANTHONY CASTELLO			
Responsible Person's E-mail			
Certified Food Handler Exempt		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 DENNY'S #6878		Telephone Number (812) 482-6006 (480) 722-9196	Date of Inspection (mm/dd/yr) 02/09/2021	ID # 55
Establishment Address (number and street, city, state, zip code) 3850 NEWTON STREET, JASPER, IN, 47546				
Owner TLIN, LLC	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up	Release Date 02/19/2021	
Owner's Address P.O. BOX 5510, MESA, AZ, 85211		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>2</u>		
Person in Charge Mark Laxton		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler Michael Petro 2/18/21				

• 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
345	NC	R	Observed hand washing sink being used for purposes other than handwashing.	07/09/2021
295	NC	R	Observed buildup of food/dirt/debris throughout restaurant primarily behind fryers and other non food contact surfaces.	07/09/2021

Received by (name and title printed): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #2144	Telephone Number (812) 817-0005	Date of Inspection (mm/dd/yr) 02/12/2021	ID # 56
Establishment Address (number and street, city, state, zip code) 1710 N MAIN STREET, HUNTINGBURG, IN, 47542	(615) 855-4000		
Owner DOLGENCORP, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/22/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge DOLGENCORP, LLC.		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #4509	Telephone Number (812) 634-6485 (615) 855-4000	Date of Inspection (mm/dd/yr) 02/26/2021	ID # 58
Establishment Address (number and street, city, state, zip code) 4117 N MANNHEIM RD., JASPER, IN, 47546			
Owner DOLGENCORP, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/08/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge rebecca brown		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FAMILY DOLLAR #31267	Telephone Number (812)-817-3116	Date of Inspection (mm/dd/yr) 02/23/2021	ID # 69
Establishment Address (number and street, city, state, zip code) 2 E STATE ROAD 64, BIRDSEYE, IN, 47513	(757)-321-5058		
Owner FAMILY DOLLAR STORES OF IN, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/05/2021
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge nancy D.M.		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler Exempt			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FAMILY DOLLAR #29125	Telephone Number (812-817-3015) (757-321-5058)	Date of Inspection (mm/dd/yr) 02/17/2021	ID # 70
Establishment Address (number and street, city, state, zip code) 705 N MAIN STREET, HUNTINGBURG, IN, 47542			
Owner FAMILY DOLLAR STORES OF IN, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/26/2021
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge nancy D.M.		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FEHRIBACH STOP INN, INC.	Telephone Number () 812-683-4220	Date of Inspection (mm/dd/yr) 02/09/2021	ID # 73
Establishment Address (number and street, city, state, zip code) 314 13TH STREET, HUNTINGBURG, IN, 47542	() 812-661-0220		
Owner WAYNE FEHRIBACH	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/19/2021
Owner's Address 980 S DEER RUN ROAD, HUNTINGBURG, IN, 47542	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge WAYNE FEHRIBACH	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler WAYNE FEHRIBACH 11/17/20	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FRATERNAL ORDER OF EAGLES AERIE #3335	Telephone Number (812) 683-3335	Date of Inspection (mm/dd/yr) 02/09/2021	ID # 78
Establishment Address (number and street, city, state, zip code) 708 E 6TH STREET, HUNTINGBURG, IN, 47542	(812) 683-3335		
Owner FRATERNAL ORDER OF EAGLES #3335 MEMBERS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/19/2021
Owner's Address P.O. BOX 168, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge HEATHER BELCHER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Heather Belcher exp. 5/10/21			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HAPPY HOUR SPORTS BAR AND GRILL		Telephone Number (812) 481-2400 (812) 639-8753		Date of Inspection (mm/dd/yr) 02/24/2021		ID # 87	
Establishment Address (number and street, city, state, zip code) 6679 E ST. RD. 164, CELESTINE, IN, 47521		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/06/2021	
Owner JEREMY BETZ				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>			
Owner's Address 766 N BEAVER LAKE RD., JASPER, IN, 47546							
Person in Charge JEREMY BETZ							
Responsible Person's E-mail							
Certified Food Handler Jeremy Betz exp. 8/30/2021				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Jeremy Betz		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HOLIDAY FOODS #3	Telephone Number (812) 367-1771	Date of Inspection (mm/dd/yr) 02/03/2021	ID # 94
Establishment Address (number and street, city, state, zip code) 1815 MAIN STREET, FERDINAND, IN, 47532	(812) 937-4428		
Owner JOSH WINKLER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/13/2021
Owner's Address P.O. BOX 139, SANTA CLAUS, IN, 47579		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge Dan Jacob		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Dan Jacob exp. 3/13/2023			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HONG KONG CHINESE RESTAURANT	Telephone Number (812) 634-1103 () Owner 812-634-1103	Date of Inspection (mm/dd/yr) 02/12/2021	ID # 100
Establishment Address (number and street, city, state, zip code) 375 S US HWY 231, JASPER, IN, 47546			
Owner YU HUA DONG & JIA PING DONG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/22/2021
Owner's Address 375 S US HWY 231, JASPER, IN, 47546		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>3</u>	
Person in Charge YU HUA DONG & JIA PING DONG		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jia Ping Dong 2/8/2020			

• **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): Yu Hua Dong		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HUCK'S #286	Telephone Number () Establishment 812-481-1016	Date of Inspection (mm/dd/yr) 02/03/2021	ID # 104
Establishment Address (number and street, city, state, zip code) 230 THIRD AVENUE, JASPER, IN, 47546	() Owner 618-382-2334		
Owner MARTIN & BAYLEY, INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/13/2021
Owner's Address 1311A W MAIN STREET, CARMi, IL, 62821		Summary of Violations: C 0 NC 1 R 0	
Person in Charge CHRISTIAN		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler CHRISTIAN 2024			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 McDONALD'S #25169 (Jasper North)		Telephone Number (812-634-6212) <small>(Ex. City/State)</small>		Date of Inspection (mm/dd/yr) 02/01/2021		ID # 137	
Establishment Address (number and street, city, state, zip code) 4130 NEWTON STREET, JASPER, IN, 47546		(812-720-3781) <small>(Owner)</small>					
Owner SUSAN & RICK MANN		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up		Release Date 02/11/2021	
Owner's Address P.O. BOX 710, JASPER, IN, 47546				Summary of Violations: C 0 NC 1 R 0			
Person in Charge BRAXTON MANN				Menu Type <i>(See additional page)</i> 1 0 2 0 3 0 4 0 5 0			
Responsible Person's E-mail							
Certified Food Handler BRAXTON MANN 7/11/2023							

• **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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 ONE STOP CONVENIENCE	Telephone Number (812) 389-2898	Date of Inspection (mm/dd/yr) 02/23/2021	ID # 154
Establishment Address (number and street, city, state, zip code) 500 W SR 64, BIRDSEYE, IN, 47513	(812) 631-1275		
Owner JUDIE GUDGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/05/2021
Owner's Address 500 W STATE ROAD 64, BIRDSEYE, IN, 47513		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANGELA COLLINS		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Judie Gudger exp. 3/14/2021			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 RALLY'S #9658	Telephone Number () 812-634-9001	Date of Inspection (mm/dd/yr) 02/23/2021	ID # 163
Establishment Address (number and street, city, state, zip code) 368 US HWY 231 S, JASPER, IN, 47546	() 813-283-7000		
Owner CHECKERS DRIVE-IN RESTAURANTS, INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/05/2021
Owner's Address 4300 W CYPRESS ST., STE 600, TAMPA, FL, 33607		Summary of Violations: C 0 NC 2 R 2	
Person in Charge CHECKERS DRIVE-IN RESTAURANTS, INC.		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler francisc marquez 9/27/2022			

• **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): Restaurant Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 THE ROCK BAR & GRILL	Telephone Number () Establishment 812-482-7557	Date of Inspection (mm/dd/yr) 02/09/2021	ID # 166
Establishment Address (number and street, city, state, zip code) 4997 W. ST RD 56, IRELAND, IN, 47546	() Owner 812-630-1794		
Owner ROGER SCHWENK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/19/2021
Owner's Address 4720 W 500 N, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jennifer Haag		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jennifer Haag exp. 6/27/24			

- 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): Jennifer		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 RULER #261	Telephone Number () Establishment 812-481-0030 () Owner 615-232-9812	Date of Inspection (mm/dd/yr) 02/01/2021	ID # 168
Establishment Address (number and street, city, state, zip code) 155 E 30TH STREET, JASPER, IN, 47546			
Owner KROGER LIMITED PARTNERSHIP I	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/11/2021
Owner's Address PO BOX 105103, NASHVILLE, TN, 37230		Summary of Violations: C 0 NC 0 R 0	
Person in Charge BILLIE JO PRYCZYNSKI		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Billie Jo Pryczynki exp. 8/17/2022			

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SCHNITZ BREWERY & PUB	Telephone Number (812) 848-2739 (812) 630-1355	Date of Inspection (mm/dd/yr) 02/17/2021	ID # 172
Establishment Address (number and street, city, state, zip code) 2031 NEWTON STREET, SUITE A, JASPER, IN, 47546			
Owner GAIL HETTINGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/27/2021
Owner's Address 890 E. 190 N., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge SHELBY HETTINGER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Shelby Hettinger exp. 08/30/2021			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SCHNITZELBANK RESTAURANT	Telephone Number (812) 482-2640	Date of Inspection (mm/dd/yr) 02/09/2021	ID # 174
Establishment Address (number and street, city, state, zip code) 393 3RD AVENUE, JASPER, IN, 47546	(812) 482-2640		
Owner ALAN HANSELMAN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/19/2021
Owner's Address 443 N. Whoderville Rd., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Barb Luebbehusen		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Barb Luebbehusen exp. 04/03/2023			

- 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): Barb Luebbehusen		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SUBWAY #2776 -Sharma Inc. (@ 26th St.)	Telephone Number (812) 482-4422	Date of Inspection (mm/dd/yr) 02/23/2021	ID # 185
Establishment Address (number and street, city, state, zip code) 2506 NEWTON STREET, JASPER, IN, 47546	(812) 661-9658		
Owner RINA AND PRAVEZ SHARMA- SHARMA INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/05/2021
Owner's Address 3289 ST. CHARLES, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge RINA AND PRAVEZ SHARMA- SHARMA INC.		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler 1/20/2026			

• **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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SULTAN'S RUN GOLF CLUB LLC	Telephone Number () Establishment 812-482-1009	Date of Inspection (mm/dd/yr) 02/25/2021	ID # 188
Establishment Address (number and street, city, state, zip code) 1490 N MERIDIAN ROAD, JASPER, IN, 47546	() Owner 812-482-1009		
Owner Steve Braun	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/07/2021
Owner's Address 1490 N MERIDIAN ROAD, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Phil Barth		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Phil Barth 8/30/21			

- 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): Phil Barth		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 TAQUERIA EL LLANO	Telephone Number (812) 351-4571	Date of Inspection (mm/dd/yr) 02/17/2021	ID # 196
Establishment Address (number and street, city, state, zip code) 111 W 28TH STREET#B, JASPER, IN, 47546	(812) 351-4571		
Owner FRANCISCA GONZALEZ	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/27/2021
Owner's Address 3828 N. PORTERSVILLE RD #54, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge FRANCISCA GONZALEZ		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Francisca Gonzalez exp 11/28/22			

- **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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): Juan Miranda		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 TRES AGAVES MEXICAN GRILL	Telephone Number (812) 998-2033 (812) 899-1289	Date of Inspection (mm/dd/yr) 02/24/2021	ID # 200
Establishment Address (number and street, city, state, zip code) 1935 MAIN ST., FERDINAND, IN, 47532			
Owner RODOLFO IVAN AYALA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/06/2021
Owner's Address 206 CRESTMONT DRIVE, VINCENNES, IN, 47591		Summary of Violations: C 1 NC 0 R 1	
Person in Charge MANNY VAZQUEZ		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler mariano cobix 04/08/24			

• **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): Restaurant Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 WINFIELD WEST BED AND BREAKFAST	Telephone Number (812) 556-0111	Date of Inspection (mm/dd/yr) 02/26/2021	ID # 212
Establishment Address (number and street, city, state, zip code) 325 W 6TH STREET, JASPER, IN, 47546	(812) 556-0111		
Owner REGINA & FRED TONE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/08/2021
Owner's Address 325 W 6TH STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge REGINA & FRED TONE		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler REGINA NORD-TONE EXP 12/3/20			

- 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): Regina Tone		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 YAMATO	Telephone Number (812) 556-0500	Date of Inspection (mm/dd/yr) 02/12/2021	ID # 215
Establishment Address (number and street, city, state, zip code) 3015 N. NEWTON STREET, JASPER, IN, 47546	(706) 680-5719		
Owner DAVID DONG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/22/2021
Owner's Address 3015 NEWTON ST, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge DAVID DONG		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler 8/16/21			

- 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): Restaurant manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 YOUNG MEN'S INSTITUTE COUNCIL #497		Telephone Number (812) 683-2497		Date of Inspection (mm/dd/yr) 02/09/2021		ID # 216	
Establishment Address (number and street, city, state, zip code) 421 N. VAN BUREN STREET, HUNTINGBURG, IN, 47542		(812) 683-2497					
Owner MEMBERS OF YMI CLUB		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 02/19/2021	
Owner's Address P.O. BOX 55, HUNTINGBURG, IN, 47542				Summary of Violations: C 0 NC 0 R 0			
Person in Charge JACKIE WATERS				Menu Type (See additional page) 1 2 3 4 5			
Responsible Person's E-mail							
Certified Food Handler JACKIE WATERS exp 12/17/2025							

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CEDAR CREST INTERMEDIATE SCHOOL	Telephone Number (812)-817-0900	Date of Inspection (mm/dd/yr) 02/26/2021	ID # 218
Establishment Address (number and street, city, state, zip code) 4770 S. State Road 162, Huntingburg, IN, 47541	(812)-817-0900		
Owner SOUTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/08/2021
Owner's Address 432 E. 15th St., Ferdinand, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Rhonda Chumbley		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Rhonda Chumbley 01/19/2022			

- 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): Rhonda Chumbley		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FERDINAND ELEMENTARY SCHOOL	Telephone Number (812)-817-0900	Date of Inspection (mm/dd/yr) 02/26/2021	ID # 227
Establishment Address (number and street, city, state, zip code) 402 E. 8th St., Ferdinand, IN, 47532	(812)-817-0900		
Owner SOUTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/08/2021
Owner's Address 432 E 15TH STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Debbie Buechler		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Deborah Buechler 1/19/2022			

- 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): Debbie Buechler		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FOREST PARK JR-SR HIGH SCHOOL		Telephone Number 812-367-1831 Owner 812-817-0900		Date of Inspection (mm/dd/yr) 02/26/2021	ID # 229
Establishment Address (number and street, city, state, zip code) 1440 Michigan St., Ferdinand, IN, 47532		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 03/08/2021
Owner SOUTHEAST DUBOIS CO SCHOOL CORP				Summary of Violations:	
Owner's Address 432 E 15TH STREET, FERDINAND, IN, 47532				C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Linda Boeckman				Menu Type (See additional page)	
Responsible Person's E-mail				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Christine Sisk exp 1/19/2022 Alicia Rappe 1/20/2026					
• 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	
			No Violations observed at time of inspection		
Received by (name and title printed): Linda Boeckman			Inspected by (name and title printed): QuentinTharp		
Received by (signature):			Inspected by (signature):		
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 HOLLAND ELEMENTARY SCHOOL		Telephone Number (812) 536-2441 (812) 683-3971		Date of Inspection (mm/dd/yr) 02/25/2021		ID # 230	
Establishment Address (number and street, city, state, zip code) 408 N MERIDIAN ST, HOLLAND, IN, 47541		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/07/2021	
Owner SOUTHWEST DUBOIS CO SCHOOL CORP				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542							
Person in Charge MELINDA KAMMAN							
Responsible Person's E-mail							
Certified Food Handler MELINDA KAMMAN exp. 10/24/2021				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			

- **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): Melinda Kamman		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HOLY TRINITY CENTRAL CAMPUS (@ Precious Blood)	Telephone Number (812) 482-4461	Date of Inspection (mm/dd/yr) 02/24/2021	ID # 231
Establishment Address (number and street, city, state, zip code) 1385 W 6TH ST. , JASPER, IN, 47546	(812) 482-4461		
Owner GAIL FLANNAGAN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/06/2021
Owner's Address 1385 W. 6th St., Jasper, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge GAIL FLANNAGAN		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail 			
Certified Food Handler Gail Flannagan 5/1/2023			

- 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): Gail Flannagan		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HUNTINGBURG ELEMENTARY SCHOOL		Telephone Number (812) 683-1172 () Owner		Date of Inspection (mm/dd/yr) 02/25/2021		ID # 233	
Establishment Address (number and street, city, state, zip code) 501 W SUNSET DRIVE, HUNTINGBURG, IN, 47542		(812) 683-1172					
Owner SOUTHWEST DUBOIS CO SCHOOL CORP		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up		Release Date 03/07/2021	
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge RITA HOPF				Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>			
Responsible Person's E-mail							
Certified Food Handler PATTY KING 3/13/2022							

• **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): Rita Hopf		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 IRELAND ELEMENTARY SCHOOL	Telephone Number () 812-482-7751	Date of Inspection (mm/dd/yr) 02/24/2021	ID # 234
Establishment Address (number and street, city, state, zip code) 4940 W SOUTH ST, JASPER, IN, 47546	() 812-482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/06/2021
Owner's Address 1520 ST. CHARLES ST, JASPER, IN, 46546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge GREATER JASPER CONSOLIDATED SCHOOLS		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler LaDonna Werner 5/1/2023			

• **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): LaDonna Werner		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): Melinda Gutgsell		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SOUTHRIDGE HIGH SCHOOL	Telephone Number (Establishment) 812-683-2272	Date of Inspection (mm/dd/yr) 02/25/2021	ID # 247
Establishment Address (number and street, city, state, zip code) 1110 S MAIN ST, HUNTINGBURG, IN, 47542	(Owner) 812-683-2272		
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/07/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ORA LEE COTTON		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>1</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail 			
Certified Food Handler Cathy Hughes 2023			

- 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): Ora Lee Cotton		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 SOUTHRIDGE MIDDLE SCHOOL	Telephone Number (812) 683-2272	Date of Inspection (mm/dd/yr) 02/25/2021	ID # 248
Establishment Address (number and street, city, state, zip code) 1110 S MAIN ST, HUNTINGBURG, IN, 47542	(812) Owner 683-3971		
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/07/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ORA LEE COTTON		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Cathy Hughs 6/27/2023			

- 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): Ora Lee Cotton		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 FASTTRACK 500	Telephone Number (917)-369-0746	Date of Inspection (mm/dd/yr) 02/17/2021	ID # 325
Establishment Address (number and street, city, state, zip code) 1307 N. MAIN ST., HUNTINGBURG, IN, 47542	(917)-369-0746		
Owner RAJ SINGH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 02/26/2021
Owner's Address 1307 N. MAIN ST., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RAJ SINGH		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- **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): Raj Singh		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 MEMORIAL HOSPITAL	Telephone Number (812) 996-0519 () Owner	Date of Inspection (mm/dd/yr) 02/22/2021	ID # 334
Establishment Address (number and street, city, state, zip code) 800 W 9TH ST., JASPER, IN, 47546			
Owner	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/04/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge AMY HOPF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Amy Hopf		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FAIRFIELD INN & SUITES JASPER	Telephone Number (812-250-5155)	Date of Inspection (mm/dd/yr) 02/08/2021	ID # 335
Establishment Address (number and street, city, state, zip code) 333 RIVER CENTRE LANDING, JASPER, IN, 47546	() Owner		
Owner RIVER CENTRE DEVELOPERS LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/18/2021
Owner's Address	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MICHELE ROYSTER	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler MICHELE ROYSTER 4/3/2024	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 KIM'S KOFFEE	Telephone Number () 812-684-8079	Date of Inspection (mm/dd/yr) 02/23/2021	ID # 356
Establishment Address (number and street, city, state, zip code) 410 4TH ST, HUNTINGBURG, IN, 47542	() 952-201-0075		
Owner Kim Kerr	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 03/05/2021
Owner's Address 6824 S 400 W , HUNTINGBURG, IN, 47542	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge ASHLIE KERR	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler CHAD BRIAN 2023	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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): Kim Kerr		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CELESTINE COMMUNITY CLUB		Telephone Number (812) 678-3631		Date of Inspection (mm/dd/yr) 02/24/2021		ID # 376	
Establishment Address (number and street, city, state, zip code) 7742 E ELLSWORTH RD, CELESTINE, IN, 47521		(812) 678-3631					
Owner MEMEBER OWNED		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/06/2021	
Owner's Address P.O. BOX 321, CELESTINE, IN, 47521				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge HOLLY EPPLE				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler HOLLY EPPLE 2024							

• **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): Holly Epple		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 APRON STRINGS CUSTOM BAKING		Telephone Number (812)-639-7016		Date of Inspection (mm/dd/yr) 02/03/2021	ID # 391
Establishment Address (number and street, city, state, zip code) 2080 E STATE RD 64, HUNTINGBURG, IN, 47542		(812)-639-7016			
Owner MARILYN HOPF		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No	Release Date 02/13/2021
Owner's Address 2080 E STATE RD 64, HUNTINGBURG, IN, 47542		<input type="checkbox"/> Follow-up		Summary of Violations:	
Person in Charge MARILYN HOPF		<input type="checkbox"/> Complaint		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page)	
Certified Food Handler MARILYN HOPF 1-22-2025		<input type="checkbox"/> Temporary		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
		<input type="checkbox"/> HACCP			
		<input type="checkbox"/> 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): Marilyn Hopf		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department

Telephone 812-481-7055

Fax 812-481-7069

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 TAQUERIA VALLARTA MEXICAN GRILL CORP		Telephone Number (812-684-8002)	Date of Inspection (mm/dd/yr) 02/23/2021	ID # 397
Establishment Address (number and street, city, state, zip code) 1205 N. MAIN ST., HUNTINGBURG, IN, 47542		Owner (812-309-0053)		
Owner ADRIAN MIRANDA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/05/2021	
Owner's Address 712 e 8th st, huntingburg, IN, 47542		Summary of Violations: C 1 NC 1 R 0		
Person in Charge ADRIAN MIRANDA		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler ADRIAN MIRANDA 11/2021				

• 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
191	C		Observed several food items throughout establishment without proper dating system.	07/22/2021
199	NC		Observed beef being thawed on kitchen counter improperly.	07/22/2021

Received by (name and title printed): Restaurant Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 BAKER'S CORNER	Telephone Number (812) 678-2225	Date of Inspection (mm/dd/yr) 03/30/2021	ID # 10
Establishment Address (number and street, city, state, zip code) 11018 E SR 56, FRENCH LICK, IN, 47432	(812) Owner 812-865-6000		
Owner JOHN AND SANDRA BAKER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/09/2021
Owner's Address 11018 E SR 56, FRENCH LICK, IN, 47432		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JOHN AND SANDRA BAKER		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>●</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail			
Certified Food Handler SANDRA BAKER 11/14/22			

- 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DUTCH MART- BLESCH SALES AND SERVICES INC.	Telephone Number (812) 536-3421	Date of Inspection (mm/dd/yr) 03/03/2021	ID # 14
Establishment Address (number and street, city, state, zip code) 402 E. MAIN ST., HOLLAND, IN, 47541	(812) 536-3421		
Owner LEE BLESCH	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 03/13/2021
Owner's Address P.O. 6277 W 1025 S, HOLLAND, IN, 47541		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge BECKY BLESCH		Menu Type (See additional page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail			
Certified Food Handler exempt			

• **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): Lee Blesch		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 CHICKEN PLACE, LLC.	Telephone Number () Establishment 812-482-7600	Date of Inspection (mm/dd/yr) 03/30/2021	ID # 28
Establishment Address (number and street, city, state, zip code) 4970 W ST. RD 56, JASPER, IN, 47546	() Owner 812-639-2631		
Owner CHRIS HIMSEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/09/2021
Owner's Address 1945 Schuetter Rd., Jasper, IN, 47546		Summary of Violations: C 1 NC 0 R 0	
Person in Charge John Jeffries		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler JASON ECKERT			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CHUCKLES #21	Telephone Number (812) 678-5295	Date of Inspection (mm/dd/yr) 03/02/2021	ID # 34
Establishment Address (number and street, city, state, zip code) 5498 E MAIN STREET, DUBOIS, IN, 47527	(812) 602-3290		
Owner C.E. TAYLOR OIL INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2021
Owner's Address 10105 HEDDEN ROAD, EVANSVILLE, IN, 47725		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge SHERI HAYDEN		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler exempt			

• **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): Store Clerk		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 CITGO, NORTHSIDE	Telephone Number (Establishment) 812-482-6363	Date of Inspection (mm/dd/yr) 03/25/2021	ID # 45
Establishment Address (number and street, city, state, zip code) 2707 NEWTON STREET, JASPER, IN, 47546	(Owner) 812-683-4529		
Owner JAYME RASCHE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/04/2021
Owner's Address 610 S. Foxtrot Ct., HUNTINGBURG, IN, 475442		Summary of Violations: C 1 NC 1 R 1	
Person in Charge MISSY FRYE		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler NICOLE MCMICKLE 05/02/23			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DAYS INN OF JASPER	Telephone Number (Establishment) 812-482-6000	Date of Inspection (mm/dd/yr) 03/26/2021	ID # 53
Establishment Address (number and street, city, state, zip code) 272 BRUCKE STRASSE, JASPER, IN, 47546	(Owner) 812-661-7836		
Owner KALA INC.	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 04/05/2021
Owner's Address 272 BRUCKE STRASSE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MARY KLEM		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail			
Certified Food Handler Molly Mehringer 1/11/2022			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #7817	Telephone Number (812) 817-0006 (615) 855-4000	Date of Inspection (mm/dd/yr) 03/03/2021	ID # 59
Establishment Address (number and street, city, state, zip code) 1801 Sr 162,, FERDINAND, IN, 47532			
Owner DOLGENCORP, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/13/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge tammy fiske		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- **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): Tammy Fisk		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DAIRY QUEEN GRILL & CHILL		Telephone Number (812)-683-5083 (812)-827-5027		Date of Inspection (mm/dd/yr) 03/04/2021		ID # 63	
Establishment Address (number and street, city, state, zip code) 1404 N MAIN, HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/14/2021	
Owner JESSICA SCHMETT				Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u> Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Owner's Address 814 RIDGEWAY DR., HUNTINGBURG, IN, 47542							
Person in Charge JESSICA SCHMETT							
Responsible Person's E-mail 							
Certified Food Handler Doris Messmer exp. 9/20/2021							
• 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
297	NC		Observed food/dirt/debris buildup behind fryer, grill, and stoves.				08/04/2021
177	C		Observed food items being stored on floor of walk in freezer.				03/11/2021
Received by (name and title printed): Restaurant Manager			Inspected by (name and title printed): QuentinTharp				
Received by (signature):			Inspected by (signature):				
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 EL MAGUEY GRILL	Telephone Number () 812-481-1799	Date of Inspection (mm/dd/yr) 03/03/2021	ID # 66
Establishment Address (number and street, city, state, zip code) 3570 N. NEWTON STREET, JASPER, IN, 47546	() 812-319-3805		
Owner DAGOBERTO MOSQUEDA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/13/2021
Owner's Address 8619 W. County Rd. 150 N, Richland, IN, 47634		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Dagoberto lopez Mosqueon		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler DAGOBERTO MOSQUEDA 02/13/2025			

• **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): Restaurant Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 FAZOLI'S #1675		Telephone Number (812-634-1574) (859-825-6200)		Date of Inspection (mm/dd/yr) 03/01/2021	ID # 72
Establishment Address (number and street, city, state, zip code) 703 THIRD AVENUE, JASPER, IN, 47546		Owner FAZOLI'S JOINT VENTURE, LTD		Follow-up No	Release Date 03/11/2021
Owner's Address 2470 PALUMBO DRIVE, LEXINGTON, KY, 40509		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Summary of Violations: C 3 NC 2 R 2	
Person in Charge Scott		Responsible Person's E-mail		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Certified Food Handler Candi Grismore 10/12/2025					

• 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
338	NC	R	Observed water lines from ice machine are not supspended high enough from drain to comply with regulation.	08/01/2021
296	C	R	Observed food/dirt/debris buildup throughout restaurant floors, walk in coolers, refrigeration units, and prep stations.	08/01/2021
184	NC		Observed food/debris buildup in microwave oven.	08/01/2021
191	C		Observed many food items in walk in refrigerator without proper dating system.	08/01/2021
187	C		Observed lettuce and tomato being held at 55 degrees Fahrenheit when appropriate holding temperature is under 41 degrees Fahrenheit.	08/01/2021

Received by (name and title printed): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HAMPTON INN	Telephone Number () Establishment 812-481-1888 () Owner 812-630-1355	Date of Inspection (mm/dd/yr) 03/25/2021	ID # 86
Establishment Address (number and street, city, state, zip code) 355 3RD AVENUE, JASPER, IN, 47546			
Owner MGA FAMILY GROUP INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/04/2021
Owner's Address 355 3RD AVENUE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MGA FAMILY GROUP INC.		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jane Hochgesang exp. 4/16/2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HARDEE'S RESTAURANT	Telephone Number (812)-634-9469 (812)-477-5569	Date of Inspection (mm/dd/yr) 03/01/2021	ID # 88
Establishment Address (number and street, city, state, zip code) 726 SECOND STREET, JASPER, IN, 47546			
Owner SANDY'S ASSOCIATES INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/11/2021
Owner's Address 1503 N BOEKE ROAD, EVANSVILLE, IN, 47711		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LISA SMITH		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Lisa Smith exp.4/4/2022			

- 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 Smith		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HEADQUARTERS INC.	Telephone Number (812) 482-3411	Date of Inspection (mm/dd/yr) 03/10/2021	ID # 91
Establishment Address (number and street, city, state, zip code) 201 MAIN STREET, JASPER, IN, 47546	(812) 639-1844		
Owner ANDREW J. FRITCH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/19/2021
Owner's Address 201 MAIN STREET, JASPER, IN, 47546		Summary of Violations: C 0 NC 2 R 1	
Person in Charge ANDREW J. FRITCH		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Jayne Lorey 3/12/2024			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TIENDA MORA INCORPORATED	Telephone Number (812) 684-0220 (812) 309-0051	Date of Inspection (mm/dd/yr) 03/02/2021	ID # 93
Establishment Address (number and street, city, state, zip code) 421 1/2 E 4TH STREET, HUNTINGBURG, IN, 47542			
Owner JOSE MIRANDA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 03/12/2021
Owner's Address 421 1/2 E 4TH STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>0</u>	
Person in Charge JOSE MIRANDA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jose Miranda 4/8/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 BROWN & BROWN LLC		Telephone Number 574-329-0469 <small>() Owner</small> 574-329-0469		Date of Inspection (mm/dd/yr) 03/09/2021	ID # 422
Establishment Address (number and street, city, state, zip code) 208 ridgewood lane, jasper, IN, 47546					
Owner AMY BROWN		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 03/19/2021
Owner's Address 208 RIDGEWOOD LANE, JASPER, IN, 47546				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge AMY BROWN				Menu Type (See additional page)	
Responsible Person's E-mail				1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler AMY BROWN					
<ul style="list-style-type: none">• 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	
			OK TO OPERATE		
Received by (name and title printed):			Inspected by (name and title printed): Christina Pierini		
Received by (signature):			Inspected by (signature):		
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 HUNTINGBURG COUNTRY CLUB INC.		Telephone Number (812) 683-3376		Date of Inspection (mm/dd/yr) 03/04/2021		ID # 107	
Establishment Address (number and street, city, state, zip code) 739 W THIRD STREET, HUNTINGBURG, IN, 47542		(812) 683-3376					
Owner MEMBERS OF CLUB		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/14/2021	
Owner's Address 739 W. THIRD STREET, HUNTINGBURG, IN, 47542				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge Angela Hasenour				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler Phil Ohanian exp 2023							

• **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): Bar Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 JASPER MARATHON (D-ROCK INC)		Telephone Number (812)-482-5259 (812)-486-7134		Date of Inspection (mm/dd/yr) 03/01/2021		ID # 114	
Establishment Address (number and street, city, state, zip code) 1908 N NEWTON STREET, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/11/2021	
Owner DEREK AND MARY "CONNIE" JONES				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 1154 BELLBROOK RD., LOOGOOTEE, IN, 47553				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge CHERYL HAAS							
Responsible Person's E-mail							
Certified Food Handler Mary C. Jones exp. 4/20/2022							

- 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): Store Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 MI JALISCO	Telephone Number (812) 482-5263	Date of Inspection (mm/dd/yr) 03/03/2021	ID # 141
Establishment Address (number and street, city, state, zip code) 239 BADEN STRASSE, JASPER, IN, 47546	(419) 591-9822		
Owner SERGIO IVAN FLORES	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/13/2021
Owner's Address 239 BADEN STRASSE, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge Miguel Casillas		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler 2025			

- 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): Restaurant Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 NICHOLSON VALLEY STORE	Telephone Number (812) 678-3333	Date of Inspection (mm/dd/yr) 03/02/2021	ID # 149
Establishment Address (number and street, city, state, zip code) 10191 EAST STATE RD. 56, DUBOIS, IN, 47527	(812) 678-3119		
Owner TONY AND LORRIE SMOCK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2021
Owner's Address 10133 E ST RD 56, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TONY AND LORRIE SMOCK		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Lorrie Gayle Smock 7/19/2024			

- 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): Lorrie Smock		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 OLD SCHOOL CAFÉ	Telephone Number (812) 683-4392	Date of Inspection (mm/dd/yr) 03/03/2021	ID # 153
Establishment Address (number and street, city, state, zip code) 304 E 4TH STREET, HUNTINGBURG, IN, 47542	(812) 661-2635		
Owner ROBERT AND SANDRA AHLEMEIER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/13/2021
Owner's Address 7262 S 75 W, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ROBERT AND SANDRA AHLEMEIER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Sand Ahlemeier exp. 5/9/21`			

- 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): Sandra Ahlemeier		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 QUALITY INN	Telephone Number () 812-683-2334	Date of Inspection (mm/dd/yr) 03/23/2021	ID # 162
Establishment Address (number and street, city, state, zip code) 406 EAST 22ND STREET, HUNTINGBURG, IN, 47542	() 812-661-7836		
Owner KALA HOTELS GROUP LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 04/02/2021
Owner's Address 2011 ANDERSON RD., NEWBURGH, IN, 47630	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge SAM	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler RITA MODY 10/16/2023	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 V.F.W. POST #2366	Telephone Number () 812-683-2366	Date of Inspection (mm/dd/yr) 03/15/2021	ID # 203
Establishment Address (number and street, city, state, zip code) 314 N GEIGER STREET, HUNTINGBURG, IN, 47542	() 812-683-2366		
Owner HUNTINGBURG VETERANS ASSOCIATION	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/25/2021
Owner's Address P.O. BOX 15, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kristy Nelson		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jean Nalley exp. 11/14/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 WALGREENS #10340	Telephone Number (812) 481-1513 (847) 527-4208	Date of Inspection (mm/dd/yr) 03/25/2021	ID # 206
Establishment Address (number and street, city, state, zip code) 3606 N. NEWTON STREET, JASPER, IN, 47546			
Owner WALGREENS COMPANY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 04/04/2021
Owner's Address P.O. BOX 901, DEERFIELD, IL, 60015		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Ralph Sims		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DUBOIS COUNTY COMMUNITY FOOD BANK		Telephone Number (812) 482-9009		Date of Inspection (mm/dd/yr) 03/29/2021		ID # 222	
Establishment Address (number and street, city, state, zip code) 1404 S MERIDIAN RD, JASPER, IN, 47546		(812) 482-9009					
Owner AMANDA DREW, MANAGER		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 04/08/2021	
Owner's Address				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge AMANDA DREW				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DUBOIS COUNTY COMMUNITY MEALS		Telephone Number (812) 482-1805		Date of Inspection (mm/dd/yr) 03/29/2021		ID # 223	
Establishment Address (number and street, city, state, zip code) 1402 S, Meridian , Jasper, IN, 47546		(812) 482-1805					
Owner MICHAEL HAGERDON		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 04/08/2021	
Owner's Address 1029 Kundeck St., Jasper, IN, 47546		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge Fran Johnson		<input type="checkbox"/> Complaint		C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler Fran Johnson exp. None Given		<input type="checkbox"/> Other (list) _____		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DUBOIS ELEMENTARY	Telephone Number (812) 678-2781	Date of Inspection (mm/dd/yr) 03/02/2021	ID # 225
Establishment Address (number and street, city, state, zip code) 5533 E ST. RAPHAEL ST, DUBOIS, IN, 47527	() Owner 812-678-2781		
Owner NORTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2021
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JOYCE HULSMAN 3/12/2024			

- 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): Joyce Hulsman		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 DUBOIS MIDDLE SCHOOL	Telephone Number (812) 678-2181	Date of Inspection (mm/dd/yr) 03/02/2021	ID # 226
Establishment Address (number and street, city, state, zip code) 4550 N FOURTH ST, DUBOIS, IN, 47527	() Owner 812-678-2781		
Owner NORTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2021
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JOYCE HULSMAN 3/12/2024			

- 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): Kitchen Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 HOLY TRINITY EAST CAMPUS (@ Holy Family)		Telephone Number (Establishment) 812-482-4485		Date of Inspection (mm/dd/yr) 03/01/2021		ID # 232	
Establishment Address (number and street, city, state, zip code) 990 Church Ave., Jasper, IN, 47546		(Owner) 812-482-4485					
Owner GAIL FLANNAGAN		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 03/11/2021	
Owner's Address 1385 W. 6th St., Jasper, IN, 47546		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge GAIL FLANNAGAN		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler Amber Huckley 2023		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> 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): Gail Flannagan		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 JASPER HIGH SCHOOL	Telephone Number (Establishment) 812-482-6050	Date of Inspection (mm/dd/yr) 03/01/2021	ID # 237
Establishment Address (number and street, city, state, zip code) 1600 ST. CHARLES ST, JASPER, IN, 47546	(Owner) 812-482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/11/2021
Owner's Address 1520 ST. CHARLES ST, JASPER, IN, 46546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge LORETTA HOFFMAN		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail 			
Certified Food Handler Loretta Hoffman exp.1/22/2023			

- 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): Loretta Hoffman		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 JASPER MIDDLE SCHOOL	Telephone Number (812) 482-6454	Date of Inspection (mm/dd/yr) 03/01/2021	ID # 238
Establishment Address (number and street, city, state, zip code) 3600 PORTERSVILLE RD, JASPER, IN, 47546	(812) 482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/11/2021
Owner's Address 1520 ST. CHARLES ST, JASPER, IN, 46546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JULIE BARTH		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Julie Barth exp. 11/17/2020			

- 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): Julie Barth		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 NORTHEAST DUBOIS HIGH SCHOOL	Telephone Number (812) 678-2781	Date of Inspection (mm/dd/yr) 03/02/2021	ID # 242
Establishment Address (number and street, city, state, zip code) 4711 N DUBOIS RD NE, DUBOIS, IN, 47527	(812) 678-2781		
Owner NORTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/12/2021
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Joyce Hulsman		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JOYCE HULSMAN 2024			

• **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): Kitchen Manager		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 BIRDSEYE DAIRY BARN	Telephone Number (812) 389-2220	Date of Inspection (mm/dd/yr) 03/26/2021	ID # 250
Establishment Address (number and street, city, state, zip code) 8 State Rd 145, Birdseye, IN, 47513	(812) 719-6687		
Owner DERRICK & FELISSA CHANLEY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 04/05/2021
Owner's Address 20847 OLD STATE RD 37, BRANCHVILLE, IN, 47514		Summary of Violations: C 2 NC 2 R 2	
Person in Charge DERRICK & FELISSA CHANLEY		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler felissa chanley 3/2025			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 WINDMILL CHILL LLC	Telephone Number (812) 536-2176	Date of Inspection (mm/dd/yr) 03/23/2021	ID # 254
Establishment Address (number and street, city, state, zip code) 903 N MERIDIAN, HOLLAND, IN, 47541	(812) 536-3731		
Owner RHONDA AND JASON DIEKHOFF	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/02/2021
Owner's Address 6700 W 1025 S, HOLLAND, IN, 47541		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RHONDA AND JASON DIEKHOFF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler RHONDA DIEKHOFF exp 1/22/2025			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER DOG HAUS INC	Telephone Number (812) 309-4672	Date of Inspection (mm/dd/yr) 03/30/2021	ID # 300
Establishment Address (number and street, city, state, zip code) 155 2ND STREET, JASPER, IN, 47546	(812) 309-4672		
Owner DOUG WATSON	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/09/2021
Owner's Address 155 2ND STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge DOUG WATSON		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler DOUG WATSON 2/15/2023			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HAPPY HOUR BAKERY		Telephone Number (812) 639-8753		Date of Inspection (mm/dd/yr) 03/04/2021		ID # 333	
Establishment Address (number and street, city, state, zip code) 914 S CELESTINE RD S, SCHNELLVILLE, IN, 47580		(812) 639-8753					
Owner JEREMY BETZ		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/14/2021	
Owner's Address 914 S CELESTINE RD S, SCHNELLVILLE, IN, 47580				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>			
Person in Charge lea ann weathers				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler LEE ANN WEATHERS 8/30/2021							

- 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): Lea Ann Weathers		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 GULF COAST CONNECTION/ABSeafood		Telephone Number (251)-442-4899		Date of Inspection (mm/dd/yr) 03/26/2021		ID # 338	
Establishment Address (number and street, city, state, zip code) 321 SOUTH MULBERRY STREET, ELIZABETHTOWN, KY, 42701		(251)-442-4899					
Owner BARRY COLLIER		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 04/05/2021	
Owner's Address 501 E. 6TH ST., HUNTINGBURG, IN, 47542		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge BARRY COLLIER		<input type="checkbox"/> Complaint		C <u>1</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler JUSTIN KENNEDY 2024		<input type="checkbox"/> Other (list) _____		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER ELEMENTARY SCHOOL	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 03/01/2021	ID # 390
Establishment Address (number and street, city, state, zip code) 3799 N PORTERSVILLE RD., JASPER, IN, 47546	() Owner 812-482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 03/11/2021
Owner's Address 1520 ST. CHARLES STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KAREN GUDORF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler KAREN GUDORF 2022			

• **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): Karen Gudorf		Inspected by (name and title printed): QuentinTharp	
Received by (signature):		Inspected by (signature):	
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 DUNKIN'	Telephone Number (856) 904-2222	Date of Inspection (mm/dd/yr) 03/25/2021	ID # 403
Establishment Address (number and street, city, state, zip code) 3085 NEWTON STREET, JASPER, IN, 47546	(856) 904-2222		
Owner SAGAR DESAI	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/04/2021
Owner's Address 4672 PICADILLY CIRCLE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge SAGAR DESAI		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler AMANDA STURGEON 12/31/2025			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CHICK-FIL-A FOOD TRUCK LOUISVILLE		Telephone Number 502-593-9178		Date of Inspection (mm/dd/yr) 03/09/2021		ID # 419	
Establishment Address (number and street, city, state, zip code) 7405 LAGRANGE RD, LOUISVILLE, KY, 40222		Telephone Number 502-593-9178					
Owner BRUCE SMITH		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/19/2021	
Owner's Address 7405 LAGRANGE RD, LOUISVILLE, KY, 40222				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge BRUCE SMITH							
Responsible Person's E-mail				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler NICK PAYNE 02-02-2026							

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CHINA GARDEN	Telephone Number (812) 367-8200 (718) 909-3092	Date of Inspection (mm/dd/yr) 04/08/2021	ID # 29
Establishment Address (number and street, city, state, zip code) 75 INDUSTRIAL PARK ROAD, SUITE B, FERDINAND, IN, 47532			
Owner YAN HONG ZHANG (LYNN)	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/18/2021
Owner's Address 449 PRANCER DR. N, SANTA CLAUS, IN, 47549		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>2</u>	
Person in Charge Hui Li		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Yan Hong Zhang exp. 2/25/2021			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CHOCOLATE BLISS	Telephone Number () 812-482-1617	Date of Inspection (mm/dd/yr) 04/06/2021	ID # 32
Establishment Address (number and street, city, state, zip code) 110 E 5th STREET, JASPER, IN, 47546	() 812-631-0190		
Owner ANN KNIES	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/16/2021
Owner's Address 338 DAISY LANE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANN KNIES		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler Ann Knies exp. 5/5/2021			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 BIRDSEYE SUNOCO #61	Telephone Number (812) 389-2811 (513) 367-9905	Date of Inspection (mm/dd/yr) 04/30/2021	ID # 36
Establishment Address (number and street, city, state, zip code) 1 E. STATE RD. 64, BIRDSEYE, IN, 47513			
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/10/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Angela Kluesner		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JANICE RIDENER 9/11/2023			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CVS PHARMACY #6878 (JASPER)	Telephone Number (Establishment) 812-482-3300	Date of Inspection (mm/dd/yr) 04/12/2021	ID # 50
Establishment Address (number and street, city, state, zip code) 617 WEST 6TH STREET, JASPER, IN, 47546	(Owner) 401-770-2816		
Owner HOOK - SUPERX, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 04/22/2021
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Angela Bauer		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 EL RINCONCITO LLC	Telephone Number (812-661-2409) (812-661-2409)	Date of Inspection (mm/dd/yr) 04/23/2021	ID # 67
Establishment Address (number and street, city, state, zip code) 600 E 6TH STREET, HUNTINGBURG, IN, 47542	Owner TATIANA ZELAYA	Follow-up	Release Date 05/03/2021
Owner's Address 615 BRETZ ST, HUNTINGBURG, IN, 47542	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Person in Charge TATIANA ZELAYA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

• 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
146	NC		Food in the white reach in freezer had no labels of what it was	10/22/2021
216	NC		Cardboard being used to line the bottom of the silver up right fridge	10/22/2021
217	NC		Food in white reach in freezer is being stored in containers not approved for food storage	10/22/2021
			NEED TO SPEAK WITH A TRANSLATOR TO ASK OWNER ABOUT MENU TYPE CHANGES	

Received by (name and title printed):	Inspected by (name and title printed): Christina Pierini
Received by (signature):	Inspected by (signature):
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 FLEIG'S CAFÉ	Telephone Number (812) 367-1310 <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 04/08/2021	ID # 77
Establishment Address (number and street, city, state, zip code) 905 MAIN STREET, FERDINAND, IN, 47532	(812) 630-7723 <small>(Owner)</small>		
Owner ROBERT KITTEN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/18/2021
Owner's Address 660 S 730 E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kevin Kline		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Karen Ketzner exp 6/20/2021			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 GROUND	Telephone Number () 812-482-4060	Date of Inspection (mm/dd/yr) 04/29/2021	ID # 84
Establishment Address (number and street, city, state, zip code) 435 S. US HWY 231, JASPER, IN, 47546	() 812-631-0131		
Owner STEPHEN AND CHRISTY GORDON	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/09/2021
Owner's Address 570 S 900 W, VELPEN, IN, 47590		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge STEPHEN AND CHRISTY GORDON		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>1</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail			
Certified Food Handler CHRISTY GORDON EXP 6/13/2022			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOMETOWN IGA #460	Telephone Number (812) 683-4653	Date of Inspection (mm/dd/yr) 04/27/2021	ID # 99
Establishment Address (number and street, city, state, zip code) 312 E 12TH STREET, HUNTINGBURG, IN, 47542	(812) 482-1366		
Owner HOUCHENS NORTH FOODS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 05/07/2021
Owner's Address 611 BARTLEY STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jeremy Thyen		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler STEVE UNDERWOOD 10/2/2022			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER COMMUNITY ARTS	Telephone Number (Establishment) 812-482-3070	Date of Inspection (mm/dd/yr) 04/12/2021	ID # 112
Establishment Address (number and street, city, state, zip code) 951 COLLEGE AVENUE, JASPER, IN, 47546	(Owner) 812-482-3070		
Owner CITY OF JASPER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/22/2021
Owner's Address 951 COLLEGE AVENUE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kyle Rupert		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler Emily Peak exp. 2025			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER SKATE PALACE, INC.	Telephone Number (812) 482-4565	Date of Inspection (mm/dd/yr) 04/10/2021	ID # 117
Establishment Address (number and street, city, state, zip code) 1013 4TH AVENUE, JASPER, IN, 47546	(812) 482-2838		
Owner BRIAN AND STEPHANIE RAWLINS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/20/2021
Owner's Address 1795 W. 5TH AVENUE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge amy schnarr		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler N/A			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 PIZZA HUT #316854 (HUNTINGBURG)	Telephone Number (812) 683-0130 (502) 874-6302	Date of Inspection (mm/dd/yr) 04/13/2021	ID # 160
Establishment Address (number and street, city, state, zip code) 701 N. MAIN STREET, HUNTINGBURG, IN, 47542	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/23/2021
Owner PIZZA HUT OF AMERICA, LLC.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 3301 STOBER RD, LOUISVILLE, KY,		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Person in Charge MARINA J FORTES			
Responsible Person's E-mail			
Certified Food Handler Marina Fortes exp 5/19/2021			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SUNSET CITGO	Telephone Number (812) 634-6530 <small>(Ex. City/State)</small>	Date of Inspection (mm/dd/yr) 04/12/2021	ID # 189
Establishment Address (number and street, city, state, zip code) 1281 THIRD AVENUE, JASPER, IN, 47546	(812) 683-4529 <small>() Owner</small>		
Owner JAYME RASCHE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 04/22/2021
Owner's Address 610 S Foxtrot Ct., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>	
Person in Charge MISSY FRYE		Menu Type <i>(See additional page)</i> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Nicole McMickle 5/1/2023			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 CHRISTIAN MINISTRIES OF HUNTINGBURG, INC.	Telephone Number (812-683-5490)	Date of Inspection (mm/dd/yr) 04/13/2021	ID # 220
Establishment Address (number and street, city, state, zip code) 321 E 4TH STREET, HUNTINGBURG, IN, 47542	Owner (812-683-5490)		
Owner CHRISTIAN MINISTRIES OF HUNTINGBURG INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/23/2021
Owner's Address		Summary of Violations: C 0 NC 0 R 0	
Person in Charge WILLIAM COVEY		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler exempt			

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

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Received by (signature):		Inspected by (signature):	
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 SOUP-N-SUCH BISTRO	Telephone Number (812) 998-2490 (812) 630-3986	Date of Inspection (mm/dd/yr) 04/08/2021	ID # 307
Establishment Address (number and street, city, state, zip code) 1150 MAIN STREET, FERDINAND, IN, 47532			
Owner TAMMY BEDOLLA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/18/2021
Owner's Address 1150 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TAMMY BEDOLLA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler TAMMY BEDOLLA			

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 THE DONUT BARN	Telephone Number (812) 899-2299	Date of Inspection (mm/dd/yr) 04/02/2021	ID # 337
Establishment Address (number and street, city, state, zip code) 1630 W 62ND Avr, MERRILLVILLE, IN, 46410	(812) 899-2299		
Owner COLLEEN BIRD	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/12/2021
Owner's Address 1630 W 62ND Avr, MERRILLVILLE, IN, 46410		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge COLLEEN BIRD		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler COLLEEN BIRD 9-25-2022 15583144			

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

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Received by (signature):		Inspected by (signature):	
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 Thyen-Clark Cultural Center	Telephone Number () Establishment () Owner 812-482-3070	Date of Inspection (mm/dd/yr) 04/12/2021	ID # 340
Establishment Address (number and street, city, state, zip code) 100 3rd ave suite a, jasper, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/22/2021
Owner JASPER COMMUNITY ARTS		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 951 COLLEGE AVE., JASPER, IN, 47546			
Person in Charge Kyle Rupert			
Responsible Person's E-mail 			
Certified Food Handler EMILY 2025		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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

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Received by (signature):		Inspected by (signature):	
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 COMFORT INN JASPER	Telephone Number (812) 556-2888	Date of Inspection (mm/dd/yr) 04/06/2021	ID # 386
Establishment Address (number and street, city, state, zip code) 1970 HOSPITALITY DRIVE, JASPER, IN, 47546	(812) 556-2888		
Owner COMFORT INN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/16/2021
Owner's Address 1970 HOSPITALITY DRIVE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RONDA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler RONDA 2025			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Fry'D	Telephone Number (812) 309-0235	Date of Inspection (mm/dd/yr) 04/21/2021	ID # 409
Establishment Address (number and street, city, state, zip code) 312 N. Main St., Huntingburg, IN, 47542	(812) 309-0235		
Owner Tracey Price	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/01/2021
Owner's Address 514 Jackson St. , Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Tracey Price		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jared Weiseit 2024			

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

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Received by (signature):		Inspected by (signature):	
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 APPLEBEE'S	Telephone Number (812) 481-2838	Date of Inspection (mm/dd/yr) 05/07/2021	ID # 6
Establishment Address (number and street, city, state, zip code) 4223 MANNHEIM ROAD, JASPER, IN, 47546	(316) 685-1622		
Owner APPLE CENTRAL, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/17/2021
Owner's Address P.O. BOX 780732, WICHITA, KS, 67278		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge Ronald Steffy		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Ronald Steffy exp. 7/5/2021			

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

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Received by (signature):		Inspected by (signature):	
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 BREAD & BUTTER INC.	Telephone Number (812) 634-5535	Date of Inspection (mm/dd/yr) 05/28/2021	ID # 15
Establishment Address (number and street, city, state, zip code) 241 S. US HWY 231, JASPER, IN, 47546	(812) 568-0818		
Owner JENNIFER SCHUETTER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 06/07/2021
Owner's Address 337 W 15TH STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JENNIFER SCHUETTER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JENNIFER SCHUETTER exp. 8/30/2021			

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 BUNGALOW BAR	Telephone Number (219) 204-8655	Date of Inspection (mm/dd/yr) 05/07/2021	ID # 22
Establishment Address (number and street, city, state, zip code) 1263 W 1100 S, FERDINAND, IN, 47532	(219) 204-8655		
Owner RIAN KERST	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 05/17/2021
Owner's Address 105 N WASHINGTON ST, HUNTINGBURG, IN, 47532		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>	
Person in Charge RIAN KERST		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler RIAN KERST 06-26-2025			

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

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

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Establishment Name COOKIES AROUND THE CLOCK	Telephone Number (812) 482-1194	Date of Inspection (mm/dd/yr) 05/11/2021	ID # 48
Establishment Address (number and street, city, state, zip code) 1430 W STATE ROAD 56, JASPER, IN, 47546	(812) 309-3940		
Owner LINDA LECHNER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/21/2021
Owner's Address 1430 W STATE RD. 56, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LINDA LECHNER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 HUCK'S #350		Telephone Number (812-634-1818 (618-382-2334	Date of Inspection (mm/dd/yr) 05/04/2021	ID # 106
Establishment Address (number and street, city, state, zip code) 555 HOFFMAN ROAD, JASPER, IN, 47546				
Owner MARTIN & BAYLEY INC.		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 05/14/2021
Owner's Address 1311A W MAIN STREET, CARMi, IL, 62821			Summary of Violations: C 5 NC 0 R 5	
Person in Charge Jessie Priller			Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail				
Certified Food Handler Jessie Priller 2020				

• 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
191	C	R	Ready to eat product in the prep table and both single door fridges were not dated	05/14/2021
296	C	R	Pizza oven chain has heavy build up of food debris	05/14/2021
177	C	R	Condenser in walk in fridge is leaking and will possibly contaminate food products on the shelves	05/14/2021
200	C	R	3 buckets to thaw raw meats in walk in fridge have heavy build up from lack of routine cleaning	05/14/2021
204	C	R	2 food products in walk in fridge had mold on the packaging the product was thrown away	Corrected

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 KLUB HAUS 61	Telephone Number (Establishment) 812-482-2898	Date of Inspection (mm/dd/yr) 05/06/2021	ID # 121
Establishment Address (number and street, city, state, zip code) 2031 NEWTON STREET, JASPER, IN, 47546	(Owner) 812-630-1355		
Owner GAIL HETTINGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/16/2021
Owner's Address 890 E. 190 N., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge jamie boaz			
Responsible Person's E-mail		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler shelby hettngr 08/30/2021			

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

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

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Establishment Name TICKLEBELLY HILL LLC (FUELED STRENGTH MEALS)	Telephone Number (812-630-5638)	Date of Inspection (mm/dd/yr) 05/19/2021	ID # 198
Establishment Address (number and street, city, state, zip code) 2690 S SAINT ANTHONY RD W, HUNTINGBURG, IN, 47542	Owner (812-630-5638)		
Owner TIM FLICK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/29/2021
Owner's Address 2690 S SAINT ANTHONY RD W, HUNTINGBURG, IN, 47542		Summary of Violations: C 0 NC 0 R 0	
Person in Charge TIM FLICK		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler TIM FLICK EXP. 12/27/2022			

- **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]

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

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Establishment Name Badblood LLC DBA Jimmy John's Gourmet Sandwiches	Telephone Number (812) 706-9613	Date of Inspection (mm/dd/yr) 05/04/2021	ID # 308
Establishment Address (number and street, city, state, zip code) 607 W 6TH STREET, JASPER, IN, 47546	(812) 706-9613		
Owner 10877 WEST ENGLISH COURT	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/14/2021
Owner's Address 10877 WEST ENGLISH COURT, NEWBURGH, IN, 47630	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge 10877 WEST ENGLISH COURT	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler michael weiland 6/12/23	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FISTFUL OF TACOS	Telephone Number (812) 207-3474	Date of Inspection (mm/dd/yr) 05/12/2021	ID # 354
Establishment Address (number and street, city, state, zip code) 2708 Paoli Pike Ste H, New Albany, IN, 47150	(812) 207-3474		
Owner Dereck Washburn	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/22/2021
Owner's Address 2708 Paoli Pike Ste H, New Albany, IN, 47150		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Dereck Washburn		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Dereck Washburn 8/29/21			

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

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Received by (signature):		Inspected by (signature):	
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 A TASTY BITE OF EUROPE	Telephone Number (270) 313-6768	Date of Inspection (mm/dd/yr) 05/14/2021	ID # 379
Establishment Address (number and street, city, state, zip code) 2235 TOPAZ CT., OWENSBORO, KY, 42303	(270) 313-6768		
Owner JO HUSK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/24/2021
Owner's Address 2235 TOPAZ CT., OWENSBORO, KY, 42303		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JO HUSK		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jo Husk 2024			

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

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Received by (signature):		Inspected by (signature):	
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 DEREK & BRITTANY TARRH	Telephone Number () 812-630-2994	Date of Inspection (mm/dd/yr) 05/19/2021	ID # 408
Establishment Address (number and street, city, state, zip code) 2690 S. SAINT ANTHONY ST., HUNTINGBURG, IN, 47542	() 812-630-2994		
Owner BRITTANY TARRH	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 05/29/2021
Owner's Address 550 W 3RD ST., HUNTINGBURG, IN, 47542	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge BRITTANY TARRH	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler EXEMPT	<input type="checkbox"/> Other (list) _____		

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 WOOD CAPITAL PIZZA	Telephone Number (812) 309-4550 () Owner	Date of Inspection (mm/dd/yr) 05/12/2021	ID # 421
Establishment Address (number and street, city, state, zip code) 331 MILL ST, JASPER, IN, 47546			
Owner KYLE & JAMIE JAHN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/22/2021
Owner's Address N/A, N/A, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KYLE & JAMIE JAHN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler KYLE JAHN 2026			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FISCHER FARMS NATURAL FOODS		Telephone Number (812) 481-1411 <small>(Establishment)</small>		Date of Inspection (mm/dd/yr) 05/14/2021		ID # 428	
Establishment Address (number and street, city, state, zip code) 4630 S. CROSS ST., ST. ANTHONY, IN, 47575		(812) 481-1411 <small>(Owner)</small>					
Owner DIANA FISCHER		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 05/24/2021	
Owner's Address 4630 S. CROSS ST., ST. ANTHONY, IN, 47575				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge DIANA FISCHER				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler EXEMPT							

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 BIG LOTS #254	Telephone Number (812) 482-2150	Date of Inspection (mm/dd/yr) 06/04/2021	ID # 13
Establishment Address (number and street, city, state, zip code) 195 S US HWY 231, JASPER, IN, 47546	(614) 278-3627		
Owner BIG LOTS STORES INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 06/14/2021
Owner's Address 4900 East Dublin grandville Rd., COLUMBUS, OH, 43081		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BIG LOTS STORES INC.		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 GI #820	Telephone Number () 812-482-4331	Date of Inspection (mm/dd/yr) 06/04/2021	ID # 33
Establishment Address (number and street, city, state, zip code) 620 W 6TH STREET, JASPER, IN, 47546	() 813-740-0422		
Owner GIANT INDIANA LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 06/14/2021
Owner's Address 1806 N FRANKLIN ST, TAMPA, FL, 33602	<input type="checkbox"/> Follow-up	Summary of Violations: C 1 NC 0 R 0	
Person in Charge GIANT INDIANA LLC	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
Certified Food Handler Sheri Hayden exp 12/15/2021	<input type="checkbox"/> Other (list) _____		

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 HASENOUR'S ALL NATURAL PORK AND BEEF	Telephone Number (812) 683-4780	Date of Inspection (mm/dd/yr) 06/24/2021	ID # 90
Establishment Address (number and street, city, state, zip code) 8564 S 200 W, HUNTINGBURG, IN, 47542	(812) 683-4780		
Owner CHRIS & ANGIE HASENOUR	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/04/2021
Owner's Address 8564 S 200 W, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge CHRIS & ANGIE HASENOUR		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HUCK'S #350	Telephone Number () 812-634-1818	Date of Inspection (mm/dd/yr) 06/04/2021	ID # 106
Establishment Address (number and street, city, state, zip code) 555 HOFFMAN ROAD, JASPER, IN, 47546	() 618-382-2334		
Owner MARTIN & BAYLEY INC.	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 06/14/2021
Owner's Address 1311A W MAIN STREET, CARMIL, IL, 62821		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Jessie Priller		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Jessie Priller 2020			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 JASPER GIFT BASKET & POPCORN CO.		Telephone Number (812) 848-2003		Date of Inspection (mm/dd/yr) 06/04/2021		ID # 113	
Establishment Address (number and street, city, state, zip code) 1524 NEWTON STREET, JASPER, IN, 47546		Owner (812) 630-8049		Follow-up No		Release Date 06/14/2021	
Owner Ken Hurst		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C 0 NC 0 R 0			
Owner's Address 8935 S. 400 W., JASPER, IN, 47546		<input type="checkbox"/> Follow-up					
Person in Charge Ken Hurst		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Certified Food Handler Ken Hurst exp. 3/19/2025		<input type="checkbox"/> Other (list) _____					

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

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Received by (signature):		Inspected by (signature):	
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 BUFFALO TRACE GOLF COURSE	Telephone Number () Establishment 812-482-4600 () Owner 812-482-5959	Date of Inspection (mm/dd/yr) 06/04/2021	ID # 217
Establishment Address (number and street, city, state, zip code) 1728 JACKSON ST, JASPER, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 06/14/2021
Owner CITY OF JASPER		Summary of Violations: C 0 NC 0 R 0	
Owner's Address 1301 ST. CHARLES ST, JASPER, IN, 47546			
Person in Charge JOHN BERTGES			
Responsible Person's E-mail			
Certified Food Handler JOHN BERTGES 19000217 12/31/2019		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 JASPER MUNICIPAL SWIMMING POOL (CONCESSIONS)	Telephone Number (812) 482-1789	Date of Inspection (mm/dd/yr) 06/24/2021	ID # 239
Establishment Address (number and street, city, state, zip code) 1405 BARTLEY ST, JASPER, IN, 47546	(812) 482-5959		
Owner CITY OF JASPER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/04/2021
Owner's Address 1301 ST. CHARLES ST, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JANESSA WOLF		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 OLD SCHOOL CAFÉ-LEAGUE STADIUM		Telephone Number () Establishment () Owner 812-661-2635		Date of Inspection (mm/dd/yr) 06/24/2021		ID # 252	
Establishment Address (number and street, city, state, zip code) 203 S CHERRY ST. , HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 07/04/2021	
Owner BOB AND SANDRA AHLEMEIER				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address							
Person in Charge BOB AND SANDRA AHLEMEIER							
Responsible Person's E-mail							
Certified Food Handler SANDRA AHLEMEIER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>					

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department

Telephone 812-481-7055

Fax 812-481-7069

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 WINGS, ETC		Telephone Number (812-430-6125)	Date of Inspection (mm/dd/yr) 06/30/2021	ID # 311
Establishment Address (number and street, city, state, zip code) 3683 N. NEWTON, JASPER, IN, 47546		Owner (812-430-6125)		
Owner manish malhotra	Purpose: <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up Yes	Release Date 07/10/2021	
Owner's Address		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>2</u>		
Person in Charge TROY		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Responsible Person's E-mail				
Certified Food Handler THERESA COULTAS 3/27/2025				

• 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
342	NC	R	Hand sink by dish washer is not able to reach the minimum temp. of 100 degrees F	07/12/2021
285	NC	R	Ware washing machine is not able to reach the minimum temp. of 165 degrees	07/12/2021
			Air conditioning vent in lobby by the front door is producing precipitation that is leaking onto the floor GM was made aware	

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Received by (signature):		Inspected by (signature):	
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 HENS & CHICKS FOOD TRUCK	Telephone Number (812) 887-7989	Date of Inspection (mm/dd/yr) 06/25/2021	ID # 430
Establishment Address (number and street, city, state, zip code) 11868 W 240 N, LINTON, IN, 47441	(812) 887-7989		
Owner TIFFANY TODD	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/05/2021
Owner's Address 11868 W 240 N, LINTON, IN, 47441		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TIFFANY TODD		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler TIFFANY TODD 12/2025			

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

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Received by (signature):		Inspected by (signature):	
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 LEBEN NUTRITION	Telephone Number (812) 630-0369	Date of Inspection (mm/dd/yr) 06/21/2021	ID # 431
Establishment Address (number and street, city, state, zip code) 209 E SIXTH STREET, JASPER, IN, 47546	(812) 630-0369		
Owner JODY VERKAMP	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/01/2021
Owner's Address 209 E SIXTH STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KRISTIN DAHMER		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler has 6 months			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CASEY'S GENERAL STORE #3504	Telephone Number (812) 367-0872 (515) 381-4764	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 26
Establishment Address (number and street, city, state, zip code) 2245 MAIN STREET, FERDINAND, IN, 47532			
Owner CASEY'S MARKETING COMPANY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address PO BOX 3001, ANKENY, IA, 50021		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge tammy decker		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Tammy Decker november 14th 2022			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 NEW CHINA'S BEST	Telephone Number () 812-634-2007	Date of Inspection (mm/dd/yr) 07/01/2021	ID # 31
Establishment Address (number and street, city, state, zip code) 3669 N. NEWTON STREET, JASPER, IN, 47546	() 812-634-2007		
Owner QIU CHEN	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/11/2021
Owner's Address	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>2</u> R <u>1</u>	
Person in Charge GUO YUAN ZHU	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler GUO YUAN ZHU 2023	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FERDINAND-TOWN SUNOCO #59	Telephone Number () 812-367-2666	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 40
Establishment Address (number and street, city, state, zip code) 1540 MAIN STREET, FERDINAND, IN, 47532	() 513-367-9905		
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Susie 10/12/21			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FERINAND-INTERSTATE SUNOCO #60	Telephone Number (812) 367-1138	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 41
Establishment Address (number and street, city, state, zip code) 460 MAIN STREET, FERDINAND, IN, 47532	(513) 367-9900		
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 9171 DRY FORK RD, HARRISO, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Lorina Holsman		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler Lorina Holsman exp. 7/21/2021			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 CIRCLE "S" MART #32 (Huntingburg)		Telephone Number (812) 683-5003 (812) 547-6435		Date of Inspection (mm/dd/yr) 07/08/2021		ID # 43	
Establishment Address (number and street, city, state, zip code) 301 S. MAIN STREET, HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 07/18/2021	
Owner C & S, INC.				Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>			
Owner's Address P.O. BOX 39, TELL CITY, IN, 47586				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge RONALD YOUNG							
Responsible Person's E-mail							
Certified Food Handler RONALD YOUNG 7/29/2023							

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CIRCLE "S" MART #33	Telephone Number (812) 367-2351	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 44
Establishment Address (number and street, city, state, zip code) 850 MAIN STREET, FERDINAND, IN, 47532	(812) 547-6435		
Owner C & S INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address P.O. BOX 39, TELL CITY, IN, 47586		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge ANGELA		Menu Type (See additional page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Responsible Person's E-mail 			
Certified Food Handler ANGIE MOSEBY 4/24/2023			

- **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 COMFORT INN FERDINAND	Telephone Number (812) 998-2121	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 47
Establishment Address (number and street, city, state, zip code) 123 SCENIC HILLS COURT, FERDINAND, IN, 47542	(812) 998-2121		
Owner K-4 INVESTMENTS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 3479 LAWRENCEVILLE SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge K-4 INVESTMENTS LLC		Menu Type (See additional page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #7817	Telephone Number (812) 817-0006 (615) 855-4000	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 59
Establishment Address (number and street, city, state, zip code) 1801 Sr 162,, FERDINAND, IN, 47532			
Owner DOLGENCORP, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge tammy fiske		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 GASLIGHT PIZZA & GRILL (PBTP INC)		Telephone Number (812) 683-3669		Date of Inspection (mm/dd/yr) 07/08/2021		ID # 81	
Establishment Address (number and street, city, state, zip code) 328 E 4TH STREET, HUNTINGBURG, IN, 47542		(812) 639-7916					
Owner JOHN P. SONGER		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up		Release Date 07/18/2021	
Owner's Address 917 SHELBY STREET, HUNTINGBURG, IN, 47542				Summary of Violations: C <u>2</u> NC <u>0</u> R <u>1</u>			
Person in Charge JOHN P. SONGER							
Responsible Person's E-mail				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler John P. Songer exp. 5/9/2022							

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOMETOWN IGA #450 (Jasper)	Telephone Number (Establishment) 812-482-3166	Date of Inspection (mm/dd/yr) 07/01/2021	ID # 98
Establishment Address (number and street, city, state, zip code) 750 SECOND STREET, JASPER, IN, 47546	(Owner) 812-482-1366		
Owner HOUCHENS NORTH FOODS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/11/2021
Owner's Address 611 BARTLEY STREET, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Matt Ledgerwood		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler matt ledgerwood 4/26/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 NEW SUPER BUFFET	Telephone Number (270) 485-0565 (812) 634-2288	Date of Inspection (mm/dd/yr) 07/01/2021	ID # 126
Establishment Address (number and street, city, state, zip code) 3920 N NEWTON STREET, JASPER, IN, 47546			
Owner SAI K. TAI	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 07/11/2021
Owner's Address 4655 Strickland Dr., Owensboro, KY, 42301		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge SAI K. TAI		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Sai Kyaw Htin Tai exp.12/27/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 McDONALD'S #25169 (Jasper North)	Telephone Number (812-634-6212)	Date of Inspection (mm/dd/yr) 07/30/2021	ID # 137
Establishment Address (number and street, city, state, zip code) 4130 NEWTON STREET, JASPER, IN, 47546	(812-720-3781)		
Owner SUSAN & RICK MANN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up Yes	Release Date 08/09/2021
Owner's Address P.O. BOX 710, JASPER, IN, 47546		Summary of Violations: C 0 NC 1 R 0	
Person in Charge BRAXTON MANN		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler BRAXTON MANN 7/11/2023			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 McDONALD'S #575810 (Ferdinand)		Telephone Number (812-998-2023) <small>(Registered)</small> (812-720-3781) <small>(Owner)</small>		Date of Inspection (mm/dd/yr) 07/27/2021		ID # 139	
Establishment Address (number and street, city, state, zip code) 25 INDUSTRIAL PARK ROAD, FERDINAND, IN, 47532		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 08/06/2021	
Owner SUSAN & RICK MANN				Summary of Violations: C 0 NC 1 R 0			
Owner's Address P.O. BOX 710, JASPER, IN, 47546				Menu Type <i>(See additional page)</i> 1 0 2 0 3 1 4 0 5 0			
Person in Charge LOGAN							
Responsible Person's E-mail							
Certified Food Handler Logan Robling 4/19/2024							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 QUALITY INN & SUITES	Telephone Number (812) 367-1122	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 164
Establishment Address (number and street, city, state, zip code) 440 S MAIN STREET, FERDINAND, IN, 47532	(812) 661-9658		
Owner PRAVEZ SHARMA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 3289 ST CHARLES ST, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Person in Charge PRAVEZ SHARMA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____			
Certified Food Handler 1/20/2026			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SOUTHERN INDIANA BUTCHER SUPPLY	Telephone Number (812) 998-2277	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 178
Establishment Address (number and street, city, state, zip code) 131 E. 10TH STREET, FERDINAND, IN, 47532	(812) 998-2277		
Owner JESSE SUMMERS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address P.O. BOX 34, LAMAR, IN, 47550		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JESSE SUMMERS		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jesse Summers exp. 3/13/2022			

• **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SUBWAY #10492 (Ferdinand)	Telephone Number (812) 367-0808 (270) 577-3169	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 184
Establishment Address (number and street, city, state, zip code) 75 INDUSTRIAL PARK SUITE A, FERDINAND, IN, 47532			
Owner JEFF TROXEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address P.O. BOX 724, HENDERSON, KY, 42419-0724		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge DIANA/JASON TROXEL		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler jason troxel 01/06/2023			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SURE STAY PLUS	Telephone Number () Establishment 812-482-5555 () Owner 509-759-5544	Date of Inspection (mm/dd/yr) 07/09/2021	ID # 191
Establishment Address (number and street, city, state, zip code) 951 WERNSING ROAD, JASPER, IN, 47546			
Owner GAGANDEEP BASRA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/19/2021
Owner's Address 951 WERNSING ROAD, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SONIA BASRA		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Gagandeep S. Basra exp. 9-05-2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TACO BELL #3001094 (Ferdinand)	Telephone Number (812) 367-0817 <small>() Owner</small>	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 195
Establishment Address (number and street, city, state, zip code) 420 S MAIN STREET, FERDINAND, IN, 47532	(503) 722-2825		
Owner BELL INDIANA, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address PO BOX 507, WEST LINN, OR, 97068		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Billie Tucker			
Responsible Person's E-mail			
Certified Food Handler billie tucker 7/12/2022			
		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

• **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 V.F.W. POST #673	Telephone Number (Establishment) 812-483-9682	Date of Inspection (mm/dd/yr) 07/13/2021	ID # 204
Establishment Address (number and street, city, state, zip code) 3131 Newton St., JASPER, IN, 47546	(Owner) 812-482-5010		
Owner MEMBERS OF CLUB	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/23/2021
Owner's Address 3131 NEWTON STREET, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge nancy drew	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler NANCY DREW 11/21/2025	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 WENDY'S #83680	Telephone Number (812) 367-0594	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 209
Establishment Address (number and street, city, state, zip code) 480 S. MAIN STREET, FERDINAND, IN, 47532	(562) 425-1402		
Owner WKS FROSTY CORPORATION	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 5856 CORPORATE AVE. STE 200, CYPRESS, CA, 90630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BILL HARMON		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Rhonda WHITE exp 4/11/2023			

• **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 HUNTINGBURG ELEMENTARY SCHOOL	Telephone Number (812) 683-1172	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 233
Establishment Address (number and street, city, state, zip code) 501 W SUNSET DRIVE, HUNTINGBURG, IN, 47542	(812) 683-1172		
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RITA HOPF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler PATTY KING 3/13/2022			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 RED HOUSE	Telephone Number (812) 309-2139	Date of Inspection (mm/dd/yr) 07/08/2021	ID # 253
Establishment Address (number and street, city, state, zip code) 1100 N. Main, Huntingburg, IN, 47542	(812) 309-2139		
Owner JACK & DENISE MORGAN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 07/18/2021
Owner's Address 502 E. 1st Ave., Huntingburg, IN, 47541		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JACK & DENISE MORGAN		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Denise Morgan			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Gypsy Moon Nosh Wagon	Telephone Number (812) 381-0029	Date of Inspection (mm/dd/yr) 07/17/2021	ID # 297
Establishment Address (number and street, city, state, zip code) 6977 S. Stone Rd, Bloomfield, IN, 47424	(812) 381-0029		
Owner Jackie White	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/27/2021
Owner's Address 6977 S. Stone Rd, Bloomfield, IN, 47424		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jackie White		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jackie White 3/31/2020			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 WINGS, ETC	Telephone Number (812) 430-6125	Date of Inspection (mm/dd/yr) 07/22/2021	ID # 311
Establishment Address (number and street, city, state, zip code) 3683 N. NEWTON, JASPER, IN, 47546	(812) 430-6125		
Owner manish malhotra	Purpose: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/01/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TROY		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler THERESA COULTAS 3/27/2025			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TRI-R-TIPS BBQ AMBER ROSE	Telephone Number () 530-605-6388	Date of Inspection (mm/dd/yr) 07/14/2021	ID # 362
Establishment Address (number and street, city, state, zip code) 2518 high pointe cv., owensboro, ky, 42303	() Owner		
Owner AMBER & NICK	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 07/24/2021
Owner's Address	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge AMBER & NICK	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Temporary		
Certified Food Handler	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FRIENDS HOSPITALITY OF FERDINAND LLC	Telephone Number (812) 367-0951	Date of Inspection (mm/dd/yr) 07/27/2021	ID # 388
Establishment Address (number and street, city, state, zip code) 40 INDUSTRIAL PARK RD, FERDINAND, IN, 47532	(812) 430-6125		
Owner MANISH MALHOTRA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/06/2021
Owner's Address 8366 SHORE DRIVE, NEWBURGH, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MANISH MALHOTRA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler CHRISTY SCHAEFER 5/31/2023			

• **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 YARD GOAT ARTISAN ALES	Telephone Number (812) 639-1868	Date of Inspection (mm/dd/yr) 07/10/2021	ID # 406
Establishment Address (number and street, city, state, zip code) 417 E 4TH STREET, HUNTINGBURG, IN, 47542	(812) 639-1868		
Owner JEFF SCHIPP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/20/2021
Owner's Address 9315 S 475 E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JEFF SCHIPP		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler KELLEY SCHIPP 2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 MI PAIS MARKET	Telephone Number (812) 864-8090	Date of Inspection (mm/dd/yr) 07/08/2021	ID # 415
Establishment Address (number and street, city, state, zip code) 405 S MAIN ST, HUNTINGBURG, IN, 47542	(812) 864-8090		
Owner JOSE FLORES	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/18/2021
Owner's Address 405 S MAIN ST, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JOSE FLORES		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler 6/14/2026			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TOM'S TRAVELING COFFEE TRUCK		Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) 07/13/2021	ID # 433
Establishment Address (number and street, city, state, zip code) 1911 BELL RD., CHANDLER, IN, 47610					
Owner DEREK & DEAN TAYLOR		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 07/23/2021
Owner's Address 1911 BELL RD., CHANDLER, IN, 47610				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge DEREK & DEAN TAYLOR					
Responsible Person's E-mail 				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler EXEMPT					

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 AMERICAN LEGION POST 147	Telephone Number (Establishment) 812-482-3862	Date of Inspection (mm/dd/yr) 08/20/2021	ID # 3
Establishment Address (number and street, city, state, zip code) 1220 NEWTON STREET, JASPER, IN, 47546	(Owner) 812-482-3862		
Owner MEMBERS OF CLUB	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/30/2021
Owner's Address 1220 NEWTON STREET, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Elizabeth Kern		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Elizabeth Kern exp. 11/14/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 BREW JASPER LLC	Telephone Number (812) 556-0017	Date of Inspection (mm/dd/yr) 08/12/2021	ID # 17
Establishment Address (number and street, city, state, zip code) 408 MAIN STREET, JASPER, IN, 47546	(202) 489-1178		
Owner JOSH PREMUDA & BARRY DUNLOP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 08/22/2021
Owner's Address 3143 Grassland Hills Rd., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JOSH PREMUDA & BARRY DUNLOP		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler BARRY DUNLAP 7/6/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 BRICK OVEN PIZZA / CHESTER CHICKEN		Telephone Number (812) 481-2766		Date of Inspection (mm/dd/yr) 08/10/2021		ID # 18	
Establishment Address (number and street, city, state, zip code) 1281 3RD AVENUE, JASPER, IN, 47546		Owner (812) 309-2097					
Owner ROBERT KNIGHT		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 08/20/2021	
Owner's Address 13465 N SR 62, GENTRYVILLE, IN, 47537				Summary of Violations: C 0 NC 0 R 0			
Person in Charge ROBERT KNIGHT				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail _____							
Certified Food Handler Robert Knight 6-28-2023							

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 BRICK OVEN PIZZA	Telephone Number () Ext. () 812-683-2674	Date of Inspection (mm/dd/yr) 08/02/2021	ID # 19
Establishment Address (number and street, city, state, zip code) 420 E 6TH STREET, HUNTINGBURG, IN, 47542	() Owner 812-683-2674		
Owner Dennis R. Jackson	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/12/2021
Owner's Address 604 E 6TH STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>0</u>	
Person in Charge Dennis R. Jackson		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jordan Richardson exp 11/14/2022			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 BUFFALO WINGS AND RINGS	Telephone Number (812-482-9464) (812-630-4169)	Date of Inspection (mm/dd/yr) 08/25/2021	ID # 21
Establishment Address (number and street, city, state, zip code) 1910 HOSPITALITY DRIVE, JASPER, IN, 47546	Owner MIKE WEYER	Follow-up No	Release Date 09/04/2021
Owner's Address P.O. BOX 667, JASPER, IN, 47547	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: C <u>1</u> NC <u>3</u> R <u>0</u>	
Person in Charge Ann Bennett		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Ann Bennett exp. 1/23/2024			

• 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
346	NC		Handwashing sink in bar had no soap available to clean hands.	02/25/2022
347	NC		Handwashing sink in bar had no paper towels to dry hands.	02/25/2022
345	C		Hand sink in kitchen by bag in the box station had dirty dishes in it, preventing employees from washing hands.	09/06/2021
297	NC		Floor drain by drink station has buildup of dirt/debris.	02/25/2022
			Waiting to hear back about new certified food manager	

Received by (name and title printed):	Inspected by (name and title printed): Kymerlee
Received by (signature):	Inspected by (signature):
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 NEWTON ST. SUNOCO #55	Telephone Number (812) 634-1121	Date of Inspection (mm/dd/yr) 08/23/2021	ID # 35
Establishment Address (number and street, city, state, zip code) 1402 NEWTON STREET, JASPER, IN, 47546	(513) 367-9900		
Owner HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/02/2021
Owner's Address 9171 dry fork rd, harrison, oh, 45030		Summary of Violations: C 1 NC 1 R 1	
Person in Charge HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler DIANA KLEEMAN 10/12/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 CELESTINE SUNOCO#57	Telephone Number () Establishment 812-482-2707	Date of Inspection (mm/dd/yr) 08/03/2021	ID # 37
Establishment Address (number and street, city, state, zip code) 6661 E ST. MARY STREET, CELESTINE, IN, 47521	() Owner 812-634-1074		
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/13/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Tosha Pennell exp. 2/1/2021 Ashley Hembree 9/11/23			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 ST. ANTHONY SUNOCO #58	Telephone Number (812) 326-2500 (513) 367-9900	Date of Inspection (mm/dd/yr) 08/03/2021	ID # 38
Establishment Address (number and street, city, state, zip code) 3969 E STATE ROAD 64, ST ANTHONY, IN, 47575			
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up No	Release Date 08/13/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge GINA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler GINA WRIGHT 2023			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 LUBE WAY SUNOCO #56	Telephone Number (812) 634-7827	Date of Inspection (mm/dd/yr) 08/23/2021	ID # 39
Establishment Address (number and street, city, state, zip code) 1921 LUBE WAY, JASPER, IN, 47546	(513) 367-9900		
Owner HAWKSTONE ASSOCIATES IN/DBA TRUMPH ENERGY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/02/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>2</u> NC <u>2</u> R <u>1</u>	
Person in Charge HAWKSTONE ASSOCIATES IN/DBA TRUMPH ENERGY		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler RODNEY WELP 5/14/2024			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 HAYSVILLE SUNOCO #54	Telephone Number (812) 695-2505 (513) 367-9900	Date of Inspection (mm/dd/yr) 08/20/2021	ID # 42
Establishment Address (number and street, city, state, zip code) 7136 US-231, JASPER, IN, 47546			
Owner HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/30/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 CVS PHARMACY #6871 (FERDINAND)	Telephone Number (812)-367-2030	Date of Inspection (mm/dd/yr) 08/18/2021	ID # 49
Establishment Address (number and street, city, state, zip code) 20 INDUSTRIAL PARK DRIVE, FERDINAND, IN, 47532	(401)-770-2816		
Owner HOOK - SUPERX, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/28/2021
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Jennifer Pagragan		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail 			
Certified Food Handler Exempt			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 CVS PHARMACY #6881 (HUNTINGBURG)	Telephone Number (812) 683-3309	Date of Inspection (mm/dd/yr) 08/16/2021	ID # 51
Establishment Address (number and street, city, state, zip code) 610 N MAIN STREET, HUNTINGBURG, IN, 47542	(401) 770-2816		
Owner HOOK - SUPERX, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/26/2021
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANTHONY CASTELLO		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #2144		Telephone Number (812) 817-0005 (615) 855-4000		Date of Inspection (mm/dd/yr) 08/16/2021		ID # 56	
Establishment Address (number and street, city, state, zip code) 1710 N MAIN STREET, HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 08/26/2021	
Owner DOLGENCORP, LLC.				Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>			
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge DOLGENCORP, LLC.							
Responsible Person's E-mail							
Certified Food Handler Exempt							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #2743	Telephone Number (Establishment) 812-481-2091 (Owner) 615-855-4000	Date of Inspection (mm/dd/yr) 08/18/2021	ID # 57
Establishment Address (number and street, city, state, zip code) 671 3RD AVENUE, JASPER, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/28/2021
Owner DOLGENCORP, LLC.		Summary of Violations: C 2 NC 0 R 0	
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Person in Charge tammy fiske			
Responsible Person's E-mail 			
Certified Food Handler Exempt			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE #4509	Telephone Number (812) 634-6485 (615) 855-4000	Date of Inspection (mm/dd/yr) 08/18/2021	ID # 58
Establishment Address (number and street, city, state, zip code) 4117 N MANNHEIM RD., JASPER, IN, 47546			
Owner DOLGENCORP, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/28/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C 1 NC 0 R 0	
Person in Charge rebecca brown		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 DOLLAR TREE #01349	Telephone Number () Establishment 812-482-4497	Date of Inspection (mm/dd/yr) 08/25/2021	ID # 60
Establishment Address (number and street, city, state, zip code) 3601 NEWTON STREET, UNIT 101, JASPER, IN, 47546	() Owner 757-321-5000		
Owner DOLLAR TREE STORES, INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/04/2021
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in Charge BAILEY		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 DOMINO'S PIZZA	Telephone Number (812) 634-9897	Date of Inspection (mm/dd/yr) 08/25/2021	ID # 61
Establishment Address (number and street, city, state, zip code) 410 US-231, JASPER, IN, 47546	(502) 773-2972		
Owner SCOTT WILSON	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/04/2021
Owner's Address 1044 WHITEOAK CT., LANESVILLE, IN, 47136		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANTHONY NEUKAM		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler ANTHONY NEUKAM EXP 6/13/22			

- 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):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FAMILY DOLLAR #31267	Telephone Number (812) 817-3116	Date of Inspection (mm/dd/yr) 08/20/2021	ID # 69
Establishment Address (number and street, city, state, zip code) 2 E STATE ROAD 64, BIRDSEYE, IN, 47513	(757) 321-5058		
Owner FAMILY DOLLAR STORES OF IN, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/30/2021
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge nancy D.M.		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler Exempt			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FAMILY DOLLAR #29125	Telephone Number (812) 817-3015	Date of Inspection (mm/dd/yr) 08/16/2021	ID # 70
Establishment Address (number and street, city, state, zip code) 705 N MAIN STREET, HUNTINGBURG, IN, 47542	(757) 321-5058		
Owner FAMILY DOLLAR STORES OF IN, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/26/2021
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge nancy D.M.		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 HARDEE'S RESTAURANT #1503373		Telephone Number (812)-634-9469 (877)-312-4287		Date of Inspection (mm/dd/yr) 08/30/2021		ID # 88	
Establishment Address (number and street, city, state, zip code) 726 SECOND STREET, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/09/2021	
Owner Starcorp, LLC				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 702 E Osborn Rd Ste 100, Phoenix, AZ, 85014				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			
Person in Charge LISA SMITH							
Responsible Person's E-mail							
Certified Food Handler Lisa Smith exp.4/4/2022							

• **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 HOLIDAY FOODS #5	Telephone Number () 812-482-4464	Date of Inspection (mm/dd/yr) 08/10/2021	ID # 95
Establishment Address (number and street, city, state, zip code) 847 3RD. AVENUE, JASPER, IN, 47546	() 812-937-4428		
Owner JOSHUA WINKLER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/20/2021
Owner's Address P.O. Box 139, SANTA CLAUS, IN, 47579		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge Mark Reeder		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler Mark Reeder exp. 1/12/2025			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 HOLIDAY INN EXPRESS	Telephone Number () Establishment 812-482-3344 () Owner 770-904-5220	Date of Inspection (mm/dd/yr) 08/23/2021	ID # 96
Establishment Address (number and street, city, state, zip code) 2000 HOSPITALITY DRIVE, JASPER, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/02/2021
Owner MADHAVA PATEL		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Owner's Address 26 STAR LANE, S BARRINGTON, IL, 60010			
Person in Charge Ronda Jameson			
Responsible Person's E-mail			
Certified Food Handler RONDA 2025		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

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- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 HUCK'S #286	Telephone Number () 812-481-1016	Date of Inspection (mm/dd/yr) 08/30/2021	ID # 104
Establishment Address (number and street, city, state, zip code) 230 THIRD AVENUE, JASPER, IN, 47546	() 618-382-2334		
Owner MARTIN & BAYLEY, INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/09/2021
Owner's Address 1311A W MAIN STREET, CARMIL, IL, 62821		Summary of Violations: C 2 NC 3 R 2	
Person in Charge CHRISTIAN		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Jennifer Hoffman exp. 2026			

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 HUCK'S #339	Telephone Number () 812-683-5566	Date of Inspection (mm/dd/yr) 08/26/2021	ID # 105
Establishment Address (number and street, city, state, zip code) 601 N MAIN STREET, HUNTINGBURG, IN, 47542	() 618-382-2334		
Owner MARTIN & BAYLEY INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/05/2021
Owner's Address 1311A W MAIN STREET, CARMIL, IL, 62821		Summary of Violations: C 0 NC 3 R 0	
Person in Charge jesse		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Staci Dewitt 2023			

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[illegible]

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



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 JASPER SHONEY'S		Telephone Number (812-481-1466) (270-885-1115)		Date of Inspection (mm/dd/yr) 08/20/2021	ID # 116
Establishment Address (number and street, city, state, zip code) 25 INDIANA STREET, JASPER, IN, 47546					
Owner DONALD HENDERSON		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 08/30/2021
Owner's Address 2919 FORT CAMPBELL BLVD., HOPKINSVILLE, KY, 42240				Summary of Violations: C 1 NC 2 R 2	
Person in Charge Terry A Fogle				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail					
Certified Food Handler Terry A Fogle exp. 1/19/2022					

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• 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	R	High holding temperatures on cold foods on the salad bar (cheese, carrots, eggs all in 60's), lettuce temperature was good.	02/21/2022
402	NC	R	Kitchen floor tiles in front of fryers are broken and needs repair.	02/21/2022
218	NC		Door gasket on cooler door beside flat top grill is broken and needs replaced.	02/21/2022

Received by (name and title printed):		Inspected by (name and title printed): Kymerlee	
Received by (signature):		Inspected by (signature):	
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 LITTLE CAESARS PIZZA	Telephone Number (812) 556-5005	Date of Inspection (mm/dd/yr) 08/23/2021	ID # 127
Establishment Address (number and street, city, state, zip code) 3121 NEWTON STREET, JASPER, IN, 47546	(618) 928-1601		
Owner ROGER AND JANET AKERS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/02/2021
Owner's Address PO BOX 203, LAWRENCEVILLE, IL, 62439		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in Charge roger		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler TIFFANY AKERS EXP. 1/19/22			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 LOS DOS CHARROS MEXICAN RESTAURANT		Telephone Number (812) 683-5724		Date of Inspection (mm/dd/yr) 08/26/2021		ID # 130	
Establishment Address (number and street, city, state, zip code) 406 E 22ND. STREET, HUNTINGBURG, IN, 47542		Owner (812) 630-5984		Follow-up No		Release Date 09/05/2021	
Owner RAMIRO LEON		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C 1 NC 0 R 0			
Owner's Address 1027 RACE ST, HUNTINGBURG, IN, 47542		<input type="checkbox"/> Follow-up					
Person in Charge RAMIRO LEON		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
Certified Food Handler Ramiro Leon exp. 4/11/2024		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> Other (list) _____					
				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 MERKLEY AND SONS, INC.	Telephone Number (Establishment) 812-482-7020	Date of Inspection (mm/dd/yr) 08/10/2021	ID # 140
Establishment Address (number and street, city, state, zip code) 3994 W 180 N, JASPER, IN, 47546	(Owner) 812-482-5659		
Owner JAMES AND DAVID MERKLEY	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/20/2021
Owner's Address 214 E. 8th St., JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge JAMES AND DAVID MERKLEY	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler Brad Merkley exp. 10/17/2021	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 MOR FOR LESS	Telephone Number (812) 683-2405	Date of Inspection (mm/dd/yr) 08/26/2021	ID # 147
Establishment Address (number and street, city, state, zip code) 103 N MAIN STREET, HUNTINGBURG, IN, 47542	(812) 630-8301		
Owner WAYNE KING	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/05/2021
Owner's Address 910 CHERRY RIDGE, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WAYNE KING		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler REX GIBSON 2022			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 MY JALAPENO INC.		Telephone Number () 812-683-4048 () Owner		Date of Inspection (mm/dd/yr) 08/26/2021		ID # 148	
Establishment Address (number and street, city, state, zip code) 1107 N MAIN STREET, HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/05/2021	
Owner SUSAN RAMIREZ				Summary of Violations: C 2 NC 0 R 0			
Owner's Address 1107 N. MAIN ST., HUNTINGBURG, IN, 47542				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Person in Charge SUSAN RAMIREZ							
Responsible Person's E-mail							
Certified Food Handler Javier RAMIREZ EXP. 2/12/2021							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 PAPA JOHN'S PIZZA	Telephone Number () Establishment 812-482-1166	Date of Inspection (mm/dd/yr) 08/25/2021	ID # 158
Establishment Address (number and street, city, state, zip code) 425 US HWY 231, JASPER, IN, 47546	() Owner 502-640-1538		
Owner CHC ENTERPRISES INC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/04/2021
Owner's Address 300 SPRING ST., STE 3A, JEFFERSONVILLE, IN, 47130		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge ANDREW LUKE		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Andrew Luke exp. 6/7/2024			

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

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Received by (signature):		Inspected by (signature):	
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 RULER #261	Telephone Number (812) 481-0030 (615) 232-9812	Date of Inspection (mm/dd/yr) 08/30/2021	ID # 168
Establishment Address (number and street, city, state, zip code) 155 E 30TH STREET, JASPER, IN, 47546			
Owner KROGER LIMITED PARTNERSHIP I	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/09/2021
Owner's Address PO BOX 105103, NASHVILLE, TN, 37230		Summary of Violations: C 0 NC 1 R 0	
Person in Charge BILLIE JO PRYCZYNSKI		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Billie Jo Pryczynki exp. 8/17/2022			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SANDER PROCESSING	Telephone Number () Establishment 812-481-0044 () Owner 812-481-0044	Date of Inspection (mm/dd/yr) 08/03/2021	ID # 170
Establishment Address (number and street, city, state, zip code) 6614 E STATE ROAD 164, CELESTINE, IN, 47521	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/13/2021
Owner CHRIS SANDER		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 1121 N BEAVER LAKE RD, JASPER, IN, 47546			
Person in Charge CHRIS SANDER			
Responsible Person's E-mail			
Certified Food Handler Amy Berg exp. 5/10/2021		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department

Telephone 812-481-7055

Fax 812-481-7069

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 SCHNITZELBANK CATERING		Telephone Number (812) 634-2584		Date of Inspection (mm/dd/yr) 08/25/2021	ID # 173
Establishment Address (number and street, city, state, zip code) 409 3RD AVENUE, JASPER, IN, 47546		(812) 482-2640			
Owner GAIL HETTINGER		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 09/04/2021
Owner's Address 443 N. Whoderville Rd, JASPER, IN, 47546				Summary of Violations: C <u>2</u> NC <u>1</u> R <u>1</u>	
Person in Charge jessica douglas				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail					
Certified Food Handler jessica douglas exp. 09/08/2021					

• 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
310	NC		Observed build of dust on vents throughout the kitchen.	02/25/2022
295	C	R	Observed lower shelves on prep tables to have buildup of dirt/debris.	02/25/2022
204	C		Observed employee items on shelf in walk-in cooler not labeled for employee use.	02/25/2022
			Observed boxes being stored on floor, spoke with Chef about products being used quickly and not sitting for long periods of time	

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SPUD COUNTRY MARKET, LLC.	Telephone Number (812) 630-3469	Date of Inspection (mm/dd/yr) 08/10/2021	ID # 179
Establishment Address (number and street, city, state, zip code) 4172 W 180 N, JASPER, IN, 47546	(812) 630-3469		
Owner TAMMY SERMERSHEIM	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/20/2021
Owner's Address 4172 W 180 N, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge TAMMY SERMERSHEIM	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler TAMMY SERMERSEIM EXP. 3/19/24	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> Other (list)		

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 STERNBERG 24-N-MORE	Telephone Number (812) 481-1036	Date of Inspection (mm/dd/yr) 08/27/2021	ID # 183
Establishment Address (number and street, city, state, zip code) 1781 US 231 S, JASPER, IN, 47546	(812) 482-5753		
Owner STERNBERG INC.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/06/2021
Owner's Address 1781 HWY 231 S, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge JOYCE BYE	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>1</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler Joyce Bye exp 1/21/2021	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SUBWAY #37170 -Lakshmi Inc. (@ Wal-Mart)		Telephone Number (812-634-9898) <small>(Ex-1234567890)</small> (812-661-9658) <small>(Ex-1234567890)</small> <small>(Owner)</small>		Date of Inspection (mm/dd/yr) 08/10/2021		ID # 186	
Establishment Address (number and street, city, state, zip code) 4040 N NEWTON STREET, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 08/20/2021	
Owner RINA AND PRAVEZ SHARMA				Summary of Violations: C 1 NC 0 R 0			
Owner's Address 3289 ST. CHARLES STREET, JASPER, IN, 47546				Menu Type <i>(See additional page)</i> 1 0 2 0 3 1 4 0 5 0			
Person in Charge RINA AND PRAVEZ SHARMA							
Responsible Person's E-mail							
Certified Food Handler 1/20/2026							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SUBWAY -Bounds Enterprises Inc. (Huntingburg)	Telephone Number (812) 683-4141	Date of Inspection (mm/dd/yr) 08/26/2021	ID # 187
Establishment Address (number and street, city, state, zip code) 609 N MAIN STREET, HUNTINGBURG, IN, 47542	(812) 631-1636		
Owner TERESA A BOUNDS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/05/2021
Owner's Address 609 N MAIN ST, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JULIE EVANS		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler TERESA BOUNDS EXP 7-27-2023			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 WALGREENS #10340	Telephone Number (812) 481-1513 (847) 527-4208	Date of Inspection (mm/dd/yr) 08/25/2021	ID # 206
Establishment Address (number and street, city, state, zip code) 3606 N. NEWTON STREET, JASPER, IN, 47546			
Owner WALGREENS COMPANY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/04/2021
Owner's Address P.O. BOX 901, DEERFIELD, IL, 60015		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Ralph Sims		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 WALMART #870	Telephone Number () 812-634-1233	Date of Inspection (mm/dd/yr) 08/10/2021	ID # 207
Establishment Address (number and street, city, state, zip code) 4040 N NEWTON STREET, JASPER, IN, 47546	() 479-258-2243		
Owner WAL-MART STORES EAST, LP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/20/2021
Owner's Address 702 SW 8TH STREET, DEPT 8916, BENTONVILLE, AR, 72716-0500		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge WAL-MART STORES EAST, LP		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler CARLA FAULKENBERG 3/9/2022			

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 JASPER CITY MILL	Telephone Number () Establishment 812-482-4924	Date of Inspection (mm/dd/yr) 08/20/2021	ID # 236
Establishment Address (number and street, city, state, zip code) 160 THIRD AVE, JASPER, IN, 47546	() Owner 812-482-5959		
Owner CITY OF JASPER	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/30/2021
Owner's Address 1301 ST. CHARLES ST, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge DAVID TARRENCE	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
Certified Food Handler Exempt	<input type="checkbox"/> Other (list) _____		

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 Dollar General Store #18995	Telephone Number () Establishment 615-855-4000	Date of Inspection (mm/dd/yr) 08/16/2021	ID # 304
Establishment Address (number and street, city, state, zip code) 106 S. Main St., Huntingburg, IN, 47542	Owner () Owner 615-855-4000		
Owner Dolgencorp, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/26/2021
Owner's Address 106 S. Main St., Huntingburg, IN, 47542		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Tammy Fiske		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

• **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 FASTTRACK 500	Telephone Number (917)-369-0746	Date of Inspection (mm/dd/yr) 08/16/2021	ID # 325
Establishment Address (number and street, city, state, zip code) 1307 N. MAIN ST., HUNTINGBURG, IN, 47542	(917)-369-0746		
Owner RAJ SINGH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/26/2021
Owner's Address 1307 N. MAIN ST., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RAJ SINGH		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FAIRFIELD INN & SUITES JASPER	Telephone Number (812) 250-5155 () Owner	Date of Inspection (mm/dd/yr) 08/30/2021	ID # 335
Establishment Address (number and street, city, state, zip code) 333 RIVER CENTRE LANDING, JASPER, IN, 47546			
Owner RIVER CENTRE DEVELOPERS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/09/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge MICHELE ROYSTER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler MICHELE ROYSTER 4/3/2024			

• **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 BECKMAN FARMS	Telephone Number (812) 631-3760	Date of Inspection (mm/dd/yr) 08/30/2021	ID # 342
Establishment Address (number and street, city, state, zip code) 3128 E. JASPER DUBOIS RD., JASPER, IN, 47546	(812) 631-3760		
Owner LEAH BECKMAN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/09/2021
Owner's Address 3128 E. JASPER DUBOIS RD., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LEAH BECKMAN		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 ZAX CREAMERY	Telephone Number () 812-482-7069	Date of Inspection (mm/dd/yr) 08/23/2021	ID # 389
Establishment Address (number and street, city, state, zip code) 2603 N NEWTON ST. SUITE C, JASPER, IN, 47546	() 812-787-1996		
Owner ZACHARY GRABER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/02/2021
Owner's Address 3646 N 850 E, MONTGOMERY, IN, 47558		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>0</u>	
Person in Charge ZACHARY GRABER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler JOYCE GRABER 09/17/2023			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 DOLLAR GENERAL STORE 22655	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 08/06/2021	ID # 434
Establishment Address (number and street, city, state, zip code) 255 N CELESTINE RD. S, CELESTINE, IN, 47521	() Owner		
Owner DOLGENCORP, LLC	Purpose: <input type="checkbox"/> Routine	Follow-up	Release Date 08/16/2021
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge DOLGENCORP, LLC	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input checked="" type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler EXEMPT	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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): Andrea		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SANDER FAMILY MEAT MARKET	Telephone Number (812) 326-1001	Date of Inspection (mm/dd/yr) 08/03/2021	ID # 437
Establishment Address (number and street, city, state, zip code) 4650 S CROSS STREET, SAINT ANTHONY, IN, 47575	(812) 326-1001		
Owner KENT SANDER	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/13/2021
Owner's Address 4650 S CROSS STREET, SAINT ANTHONY, IN, 47575		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KENT SANDER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler KIERSTEN HAAS 5-12-2026			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 C and C Charcuterie, LLC	Telephone Number (270-570-5731)	Date of Inspection (mm/dd/yr) 08/26/2021	ID # 439
Establishment Address (number and street, city, state, zip code) 739 W 3rd St, Huntingburg, IN, 47542	(270-570-5731)		
Owner Chelsea Bland	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/05/2021
Owner's Address 7191 S 585 W, Huntingburg, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Chelsea Bland		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 HOLLAND AMERICAN LEGION (HARMEYER POST #343)	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 09/08/2021	ID # 4
Establishment Address (number and street, city, state, zip code) 508 W MAIN STREET, HOLLAND, IN, 47541	() Owner 812-536-3096		
Owner MEMBERS OF THE HOLLAND AMERICAN LEGION	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/18/2021
Owner's Address P.O. BOX 73, HOLLAND, IN, 47541	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Roxanne Sherman	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler ROXANNE SHERMAN 11/21/2025	<input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> 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):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 DUTCH MART- BLESCH SALES AND SERVICES INC.	Telephone Number (812) 536-3421	Date of Inspection (mm/dd/yr) 09/08/2021	ID # 14
Establishment Address (number and street, city, state, zip code) 402 E. MAIN ST., HOLLAND, IN, 47541	(812) 536-3421		
Owner LEE BLESCH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/18/2021
Owner's Address P.O. 6277 W 1025 S, HOLLAND, IN, 47541		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge BECKY BLESCH		Menu Type (See additional page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Responsible Person's E-mail 			
Certified Food Handler exempt			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 CATERING BY MEYER	Telephone Number () 812-367-1690	Date of Inspection (mm/dd/yr) 09/14/2021	ID # 20
Establishment Address (number and street, city, state, zip code) 6655 S. OLD STATE RD 162, HUNTINGBURG, IN, 47542	() Owner 812-367-1690		
Owner BRAD BROWN & JARED FELTNER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/24/2021
Owner's Address 6655 S OLD RD 162, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRAD BROWN & JARED FELTNER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler JARD FELTNER exp. 7/18/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department

Telephone 812-481-7055

Fax 812-481-7069

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 WESTSIDE DAIRY QUEEN & OJ		Telephone Number (812-482-2766) (812-634-9588)		Date of Inspection (mm/dd/yr) 09/20/2021	ID # 52
Establishment Address (number and street, city, state, zip code) 606 W 6TH STREET, JASPER, IN, 47546		Owner PHYLLIS STENFTENAGEL		Follow-up No	Release Date 09/30/2021
Owner's Address 2482 STACEY LANE, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge NATALIE PUND				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____					
Certified Food Handler Natalie Pund 2024					

• 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
			No Violations observed at time of inspection	
			The owner is in the process of purchasing a gasket for walk in door	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 EASTOWN RECREATION CENTER INC.		Telephone Number (812) 481-2695 () Owner 812-481-2695		Date of Inspection (mm/dd/yr) 09/01/2021		ID # 64	
Establishment Address (number and street, city, state, zip code) 1370 CROSSROADS AVENUE, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/11/2021	
Owner PAUL AND SUSAN LEMOND				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address P.O. BOX 701, JASPER, IN, 47547				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge PAUL AND SUSAN LEMOND							
Responsible Person's E-mail							
Certified Food Handler Susan Lemond exp. 10/8/2025							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FERDINAND PROCESSING, INC.	Telephone Number (812) 367-2073	Date of Inspection (mm/dd/yr) 09/03/2021	ID # 75
Establishment Address (number and street, city, state, zip code) 1182 E 5TH STREET, FERDINAND, IN, 47532	(812) 639-9948		
Owner PAUL AND PAULA GOGEL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/13/2021
Owner's Address 3145 E FERDINAND RD. E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge PAUL AND PAULA GOGEL		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Amanda Sicard exp. 7/22/2022			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 INDULGE	Telephone Number () 812-639-2502	Date of Inspection (mm/dd/yr) 09/17/2021	ID # 108
Establishment Address (number and street, city, state, zip code) 1800 S 800 W, VELPEN, IN, 47590	() 812-639-2502		
Owner KIM MUNDY	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/27/2021
Owner's Address 1800 S 800 W, VELPEN, IN, 47590	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge KIM MUNDY	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler KIM MUNDY EXP 3/13/22	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER MOOSE LODGE #1175		Telephone Number (812) 482-2776		Date of Inspection (mm/dd/yr) 09/08/2021		ID # 115	
Establishment Address (number and street, city, state, zip code) 2507 NEWTON STREET, JASPER, IN, 47546		(812) 482-2776					
Owner MEMBERS OF CLUB		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/18/2021	
Owner's Address 2507 NEWTON STREET, JASPER, IN, 47546				Summary of Violations: C 1 NC 0 R 1			
Person in Charge BRIAN L WININGER							
Responsible Person's E-mail				Menu Type (See additional page) 1 2 3 4 5			
Certified Food Handler BARBARA J WININGER EXP 7/21/2020							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 COLUMBIAN HOME ASSOCIATION (KNIGHTS OF COLUMBUS)	Telephone Number () 812-482-4292	Date of Inspection (mm/dd/yr) 09/01/2021	ID # 118
Establishment Address (number and street, city, state, zip code) 201 E 30th STREET, JASPER, IN, 47546	() 812-482-4292		
Owner MEMBERS OF THE CLUB	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/11/2021
Owner's Address 201 E 30TH STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge ANITA ACKERMAN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler CHRISTOPHER MENCO 11/19/2024			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 KRODEL VENDING	Telephone Number (Establishment) 812-482-3995 (Owner) 812-630-1812	Date of Inspection (mm/dd/yr) 09/30/2021	ID # 124
Establishment Address (number and street, city, state, zip code) 1250 WERNISING ROAD, JASPER, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/10/2021
Owner DAN SMITH		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 8823 S CO RD 775 E, STENDAL, IN, 47585		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Person in Charge JANET SMITH			
Responsible Person's E-mail 			
Certified Food Handler LISA RASCHE 7/26/21			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SPUDS FOOD MART		Telephone Number () 812-482-7031		Date of Inspection (mm/dd/yr) 09/01/2021		ID # 180	
Establishment Address (number and street, city, state, zip code) 4953 STATE ROAD 56, JASPER, IN, 47546		() 812-631-1430					
Owner DAVID HASENOUR		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/11/2021	
Owner's Address 4832 ST. PATRICK CRT., JASPER, IN, 47546				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge Marilyn Stenftenagel				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			
Responsible Person's E-mail							
Certified Food Handler David Hasenuour 11/19/2024							

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 ST BENEDICT'S BREW WORKS	Telephone Number (812) 998-2337	Date of Inspection (mm/dd/yr) 09/03/2021	ID # 182
Establishment Address (number and street, city, state, zip code) 860 E 10TH STREET, FERDINAND, IN, 47532	(812) 719-2301		
Owner VINCE LUECKE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/13/2021
Owner's Address 13758 E CR 1225 N, EVANSTON, IN, 47531		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge VINCE LUECKE		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler VINCENT LUECKE exp 12/9/2026			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 DUBOIS COUNTY SECURITY CENTER		Telephone Number (812)-482-9434 (812)-482-3522		Date of Inspection (mm/dd/yr) 09/13/2021		ID # 224	
Establishment Address (number and street, city, state, zip code) 255 Brucke Strass, Jasper, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/23/2021	
Owner DUBOIS COUNTY SECURITY CENTER				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge JOANN SCHNARR							
Responsible Person's E-mail							
Certified Food Handler Brenda Dotterweich exp. 2025							

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOLLAND ELEMENTARY SCHOOL	Telephone Number (812) 536-2441 (812) 683-3971	Date of Inspection (mm/dd/yr) 09/08/2021	ID # 230
Establishment Address (number and street, city, state, zip code) 408 N MERIDIAN ST, HOLLAND, IN, 47541			
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/18/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MELINDA KAMMAN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler MELINDA KAMMAN exp. 10/24/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 HOLY TRINITY CENTRAL CAMPUS (@ Precious Blood)		Telephone Number (812) 482-4461		Date of Inspection (mm/dd/yr) 09/20/2021		ID # 231	
Establishment Address (number and street, city, state, zip code) 1385 W 6TH ST. , JASPER, IN, 47546		(812) 482-4461					
Owner GAIL FLANNAGAN		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/30/2021	
Owner's Address 1385 W. 6th St., Jasper, IN, 47546				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge GAIL FLANNAGAN				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			
Responsible Person's E-mail							
Certified Food Handler Gail Flannagan 5/1/2023							

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 IRELAND ELEMENTARY SCHOOL	Telephone Number () () () () () () 812-482-7751	Date of Inspection (mm/dd/yr) 09/20/2021	ID # 234
Establishment Address (number and street, city, state, zip code) 4940 W SOUTH ST, JASPER, IN, 47546	() () () () () () 812-482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/30/2021
Owner's Address 1520 ST. CHARLES ST, JASPER, IN, 46546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge GREATER JASPER CONSOLIDATED SCHOOLS		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler LaDonna Werner 5/1/2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER CHRISTIAN ACADEMY	Telephone Number (812) 634-2406	Date of Inspection (mm/dd/yr) 09/14/2021	ID # 235
Establishment Address (number and street, city, state, zip code) 231 Hillside Dr., Jasper, IN, 47546	(812) 634-2406		
Owner JASPER APOSTOLIC CHURCH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/24/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TINA EASON		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Connie Green exp. 7/21/2020			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER HIGH SCHOOL	Telephone Number (Establishment) 812-482-6050	Date of Inspection (mm/dd/yr) 09/20/2021	ID # 237
Establishment Address (number and street, city, state, zip code) 1600 ST. CHARLES ST, JASPER, IN, 47546	(Owner) 812-482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/30/2021
Owner's Address 1520 ST. CHARLES ST, JASPER, IN, 46546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LORETTA HOFFMAN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Loretta Hoffman exp.1/22/2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 PINE RIDGE ELEMENTARY SCHOOL		Telephone Number (812) 326-2324 (812) 817-0900		Date of Inspection (mm/dd/yr) 09/23/2021		ID # 244	
Establishment Address (number and street, city, state, zip code) 4613 S. Pine Ridge Rd., Birdseye, IN, 47532		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up		Release Date 10/03/2021	
Owner SOUTHEAST DUBOIS CO SCHOOL CORP				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 432 E. 15th St., Ferdinand, IN, 47532				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			
Person in Charge MELINDA GUTGSELL							
Responsible Person's E-mail							
Certified Food Handler Melinda Gutgsell exp 11/11/2023							

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SISTERS OF SAINT BENEDICT	Telephone Number (812) 367-1411	Date of Inspection (mm/dd/yr) 09/03/2021	ID # 246
Establishment Address (number and street, city, state, zip code) 802 E 10TH STREET, FERDINAND, IN, 47546	(812) 367-1411		
Owner SISTERS OF ST. BENEDICT	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/13/2021
Owner's Address 802 E 10TH STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kris Lasher		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Erin Riley exp. 10/30/2023			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 River House Bed & Breakfast	Telephone Number (614) 607-2422	Date of Inspection (mm/dd/yr) 09/01/2021	ID # 301
Establishment Address (number and street, city, state, zip code) 410 Riverside Dr., Jasper, Indiana, 47546	(614) 607-2422		
Owner Norma Kimmerle	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/11/2021
Owner's Address 410 Riverside Dr., Jasper, Indiana, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Norma Kimmerle		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 GOOD FOOD DEAR FRIENDS	Telephone Number (812) 480-4069	Date of Inspection (mm/dd/yr) 09/08/2021	ID # 411
Establishment Address (number and street, city, state, zip code) 9911 S ST. RD. 161, HOLLAND, IN, 47541	(812) 480-4069		
Owner LORI AUSTIN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/18/2021
Owner's Address 9911 S. ST RD 161, HOLLAND, IN, 47541		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LORI AUSTIN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 McAlister's Deli	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 09/08/2021	ID # 440
Establishment Address (number and street, city, state, zip code) 3803 N Newton St, Jasper, IN, 47546	() Owner 971-219-3336		
Owner	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 09/18/2021
Owner's Address 3803 N Newton St, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Chris Dortch		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Chris Dortch 2/10/2025			

- **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 AMERICAN LEGION POST 124 (FERDINAND)	Telephone Number (812-367-1241)	Date of Inspection (mm/dd/yr) 10/26/2021	ID # 2
Establishment Address (number and street, city, state, zip code) 425 MAIN STREET, FERDINAND, IN, 47532	Owner (812-367-1241)		
Owner MEMBERS OF CLUB	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/05/2021
Owner's Address 425 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Karissa Rohleder		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler KARISSA ROHLEDER 4/18/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 BARNYARD BAR-B-Q CATERING LLC.		Telephone Number (812) 634-2638		Date of Inspection (mm/dd/yr) 10/14/2021		ID # 11	
Establishment Address (number and street, city, state, zip code) 6720 W 450 N, JASPER, IN, 47546		(812) 634-2638					
Owner ANTONYAND LORETTA HOFFMAN		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/24/2021	
Owner's Address 6720 W 450 N, JASPER, IN, 47546				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge ANTONYAND LORETTA HOFFMAN				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler Loretta Hoffman exp 1/22/2023							

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 BUTCHIE'S WESTERN SALOON & FAMILY RESTAURANT	Telephone Number (812) 678-2591	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 24
Establishment Address (number and street, city, state, zip code) 5353 E MAIN STREET, DUBOIS, IN, 47527	(812) 678-3161		
Owner DENNIS R. TERWISKE	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 10/16/2021
Owner's Address 5455 MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BUTCHIE		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler DIANA TERWISKE EXP 3/13/22			

- 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CASEY'S GENERAL STORE #2385		Telephone Number (812) 683-3414 (515) 381-4764		Date of Inspection (mm/dd/yr) 10/20/2021		ID # 25	
Establishment Address (number and street, city, state, zip code) 302 S MAIN STREET, HUNTINGBURG, IN, 47542		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/30/2021	
Owner CASEY'S MARKETING COMPANY				Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>			
Owner's Address P.O. BOX 3001, ANKENY, IA, 50021				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge CARMEN LINNE							
Responsible Person's E-mail							
Certified Food Handler EVA HAYNES 10/12/2022							

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CASEY'S GENERAL STORE #3504	Telephone Number (812) 367-0872 (515) 381-4764	Date of Inspection (mm/dd/yr) 10/13/2021	ID # 26
Establishment Address (number and street, city, state, zip code) 2245 MAIN STREET, FERDINAND, IN, 47532			
Owner CASEY'S MARKETING COMPANY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/23/2021
Owner's Address PO BOX 3001, ANKENY, IA, 50021		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge tammy decker		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Tammy Decker november 14th 2022			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CHOCOLATE BLISS	Telephone Number (812) 482-1617	Date of Inspection (mm/dd/yr) 10/21/2021	ID # 32
Establishment Address (number and street, city, state, zip code) 110 E 5th STREET, JASPER, IN, 47546	(812) 631-0190		
Owner ANN KNIES	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 10/31/2021
Owner's Address 338 DAISY LANE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANN KNIES		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Ann Knies exp. 5/5/2021			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 GI #821	Telephone Number () 812-678-5295	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 34
Establishment Address (number and street, city, state, zip code) 5498 E MAIN STREET, DUBOIS, IN, 47527	() 813-740-0422		
Owner GIANT INDIANA LLC	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/16/2021
Owner's Address 1806 N FRANKLIN ST, TAMPA, FL, 33602	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge GIANT INDIANA LLC	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler exempt	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CITGO, NORTHSIDE	Telephone Number () Establishment 812-482-6363	Date of Inspection (mm/dd/yr) 10/14/2021	ID # 45
Establishment Address (number and street, city, state, zip code) 2707 NEWTON STREET, JASPER, IN, 47546	() Owner 812-683-4529		
Owner JAYME RASCHE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/24/2021
Owner's Address 610 S. Foxtrot Ct., HUNTINGBURG, IN, 475442		Summary of Violations: C 1 NC 1 R 1	
Person in Charge MISSY FRYE		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler NICOLE MCMICKLE 05/02/23			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 COMFORT INN FERDINAND	Telephone Number (812) 998-2121	Date of Inspection (mm/dd/yr) 10/26/2021	ID # 47
Establishment Address (number and street, city, state, zip code) 123 SCENIC HILLS COURT, FERDINAND, IN, 47542	(812) 998-2121		
Owner K-4 INVESTMENTS LLC	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/05/2021
Owner's Address 3479 LAWRENCEVILLE SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge K-4 INVESTMENTS LLC		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CVS PHARMACY #6878 (JASPER)	Telephone Number (812) 482-3300	Date of Inspection (mm/dd/yr) 10/21/2021	ID # 50
Establishment Address (number and street, city, state, zip code) 617 WEST 6TH STREET, JASPER, IN, 47546	(401) 770-2816		
Owner HOOK - SUPERX, LLC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/31/2021
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Angela Bauer		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DAYS INN OF JASPER	Telephone Number (812) 482-6000	Date of Inspection (mm/dd/yr) 10/11/2021	ID # 53
Establishment Address (number and street, city, state, zip code) 272 BRUCKE STRASSE, JASPER, IN, 47546	(812) 661-7836		
Owner KALA INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/21/2021
Owner's Address 272 BRUCKE STRASSE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MARY KLEM		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler Molly Mehringer 1/11/2022			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 EL RINCONCITO LLC	Telephone Number (812) 661-2409	Date of Inspection (mm/dd/yr) 10/07/2021	ID # 67
Establishment Address (number and street, city, state, zip code) 1804 n main st, HUNTINGBURG, IN, 47542	(812) 661-2409		
Owner TATIANA ZELAYA	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/17/2021
Owner's Address 1030 race st, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TATIANA ZELAYA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler has 6 months to get			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HAMPTON INN	Telephone Number () Establishment 812-481-1888 () Owner 812-630-1355	Date of Inspection (mm/dd/yr) 10/11/2021	ID # 86
Establishment Address (number and street, city, state, zip code) 355 3RD AVENUE, JASPER, IN, 47546			
Owner MGA FAMILY GROUP INC.	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/21/2021
Owner's Address 355 3RD AVENUE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MGA FAMILY GROUP INC.		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Jane Hochgesang exp. 4/16/2023			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOLIDAY FOODS #3	Telephone Number (812) 367-1771	Date of Inspection (mm/dd/yr) 10/14/2021	ID # 94
Establishment Address (number and street, city, state, zip code) 1815 MAIN STREET, FERDINAND, IN, 47532	(812) 937-4428		
Owner JOSH WINKLER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/24/2021
Owner's Address P.O. BOX 139, SANTA CLAUS, IN, 47579		Summary of Violations: C 1 NC 1 R 0	
Person in Charge Dan Jacob		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Dan Jacob exp. 3/13/2023			

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOT HOT LOVER	Telephone Number (812) 973-9000	Date of Inspection (mm/dd/yr) 10/26/2021	ID # 102
Establishment Address (number and street, city, state, zip code) 8985 S 450 E, FERDINAND, IN, 47532	(812) 973-9000		
Owner ZACH ABELL	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/05/2021
Owner's Address 8985 S 450 E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ZACH ABELL		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SLAMMERS OF DUBOIS, INC.	Telephone Number (812) 678-2772	Date of Inspection (mm/dd/yr) 10/05/2021	ID # 103
Establishment Address (number and street, city, state, zip code) 5416 E MAIN STREET, DUBOIS, IN, 47527	(812) 630-4169		
Owner MICHAEL WEYER	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/15/2021
Owner's Address PO BOX 667, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge MICHAEL WEYER		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler ANNETTE LINNE 7/24/23			

- **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HUNTINGBURG COUNTRY CLUB INC.		Telephone Number (812) 683-3376		Date of Inspection (mm/dd/yr) 10/07/2021		ID # 107	
Establishment Address (number and street, city, state, zip code) 739 W THIRD STREET, HUNTINGBURG, IN, 47542		(812) 683-3376					
Owner MEMBERS OF CLUB		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/17/2021	
Owner's Address 739 W. THIRD STREET, HUNTINGBURG, IN, 47542				Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>			
Person in Charge Angela Hasenour				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler Phil Ohanian exp 2023							

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 JASPER MARATHON (D-ROCK INC)		Telephone Number (812)-482-5259 (812)-486-7134		Date of Inspection (mm/dd/yr) 10/11/2021		ID # 114	
Establishment Address (number and street, city, state, zip code) 1908 N NEWTON STREET, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/21/2021	
Owner DEREK AND MARY "CONNIE" JONES				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 1154 BELLBROOK RD., LOOGOOTEE, IN, 47553				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge CHERYL HAAS							
Responsible Person's E-mail							
Certified Food Handler Mary C. Jones exp. 4/20/2022							

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 MIDWEST CAFÉ & MARKET	Telephone Number (812) 482-5115	Date of Inspection (mm/dd/yr) 10/14/2021	ID # 142
Establishment Address (number and street, city, state, zip code) 1102 NEWTON STREET, JASPER, IN, 47546	(812) 630-3325		
Owner ROLANDA GABHART	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/24/2021
Owner's Address 1250 JUSTIN STREET, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge KURT CASSIDY-GABHART	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler COREY WUERTZ EXP 3/15/2026	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Other (list) _____		

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 OASIS BAR AND GRILL	Telephone Number (812) 367-1250	Date of Inspection (mm/dd/yr) 10/26/2021	ID # 151
Establishment Address (number and street, city, state, zip code) 935 MAIN STREET, FERDINAND, IN, 47532	(812) 661-2636		
Owner CHERYL HOOPER	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/05/2021
Owner's Address 1025 MISSOURI STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge CHERYL HOOPER			
Responsible Person's E-mail		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler JOHNNY MARMELO EXP 8/8/21			

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

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOMESTEAD BBQ	Telephone Number (812) 998-2100	Date of Inspection (mm/dd/yr) 10/25/2021	ID # 161
Establishment Address (number and street, city, state, zip code) 2005 MAIN ST, FERDINAND, IN, 47532	(812) 639-8878		
Owner BRANDON WHITIS	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/04/2021
Owner's Address 36 cedar crest ct, jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRANDON WHITIS		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler BRANDON WHITIS exp. 2/23/21			

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

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

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SUBWAY #2776 -Sharma Inc. (@ 26th St.)		Telephone Number (812) 482-4422		Date of Inspection (mm/dd/yr) 10/14/2021		ID # 185	
Establishment Address (number and street, city, state, zip code) 2506 NEWTON STREET, JASPER, IN, 47546		(812) Owner 812-661-9658					
Owner RINA AND PRAVEZ SHARMA- SHARMA INC.		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/24/2021	
Owner's Address 3289 ST. CHARLES, JASPER, IN, 47546				Summary of Violations: C 0 NC 1 R 0			
Person in Charge RINA AND PRAVEZ SHARMA- SHARMA INC.				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail							
Certified Food Handler 1/20/2026							

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TAQUERIA EL LLANO	Telephone Number (812) 351-4571	Date of Inspection (mm/dd/yr) 10/14/2021	ID # 196
Establishment Address (number and street, city, state, zip code) 111 W 28TH STREET#B, JASPER, IN, 47546	(812) 351-4571		
Owner FRANCISCA GONZALEZ	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 10/24/2021
Owner's Address 3828 N. PORTERSVILLE RD #54, JASPER, IN, 47546		Summary of Violations: C <u>3</u> NC <u>0</u> R <u>3</u>	
Person in Charge FRANCISCA GONZALEZ		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Francisca Gonzalez exp 11/28/22			

• **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]

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Received by (signature):		Inspected by (signature):	
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 TICKLEBELLY HILL LLC (FUELED STRENGTH MEALS)	Telephone Number (812-630-5638)	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 198
Establishment Address (number and street, city, state, zip code) 2690 S SAINT ANTHONY RD W, HUNTINGBURG, IN, 47542	Owner (812-630-5638)		
Owner TIM FLICK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 2690 S SAINT ANTHONY RD W, HUNTINGBURG, IN, 47542		Summary of Violations: C 0 NC 0 R 0	
Person in Charge TIM FLICK		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler TIM FLICK EXP. 12/27/2022			

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

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TRES AGAVES MEXICAN GRILL	Telephone Number (812) 998-2033	Date of Inspection (mm/dd/yr) 10/13/2021	ID # 200
Establishment Address (number and street, city, state, zip code) 1935 MAIN ST., FERDINAND, IN, 47532	(812) 899-1289		
Owner RODOLFO IVAN AYALA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/23/2021
Owner's Address 206 CRESTMONT DRIVE, VINCENNES, IN, 47591		Summary of Violations: C 0 NC 3 R 2	
Person in Charge MANNY VAZQUEZ		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler mariano cobix 04/08/24			

• **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]

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CEDAR CREST INTERMEDIATE SCHOOL	Telephone Number (812)-817-0900	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 218
Establishment Address (number and street, city, state, zip code) 4770 S. State Road 162, Huntingburg, IN, 47541	(812)-817-0900		
Owner SOUTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 432 E. 15th St., Ferdinand, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Rhonda Chumbley		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Rhonda Chumbley 01/19/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DUBOIS ELEMENTARY	Telephone Number (812) 678-2781	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 225
Establishment Address (number and street, city, state, zip code) 5533 E ST. RAPHAEL ST, DUBOIS, IN, 47527	(812) 678-2781		
Owner NORTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/16/2021
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JOYCE HULSMAN 3/12/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 DUBOIS MIDDLE SCHOOL	Telephone Number (812-678-2181) (812-678-2781)	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 226
Establishment Address (number and street, city, state, zip code) 4550 N FOURTH ST, DUBOIS, IN, 47527	Owner NORTHEAST DUBOIS CO SCHOOL CORP	Follow-up No	Release Date 10/16/2021
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler JOYCE HULSMAN 3/12/2024			

• 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
			No Violations observed at time of inspection	
			The cafeteria was completely damaged in a flood, food is being prepared at the high school and delivered	

Received by (name and title printed):	Inspected by (name and title printed): Christina Pierini
Received by (signature):	Inspected by (signature):
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 FERDINAND ELEMENTARY SCHOOL	Telephone Number (812)-817-0900	Date of Inspection (mm/dd/yr) 10/13/2021	ID # 227
Establishment Address (number and street, city, state, zip code) 402 E. 8th St., Ferdinand, IN, 47532	(812)-817-0900		
Owner SOUTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 10/23/2021
Owner's Address 432 E 15TH STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Debbie Buechler		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Deborah Buechler 1/19/2022			

• **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”**

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 FOREST PARK JR-SR HIGH SCHOOL		Telephone Number 812-367-1831 Owner 812-817-0900		Date of Inspection (mm/dd/yr) 10/15/2021	ID # 229
Establishment Address (number and street, city, state, zip code) 1440 Michigan St., Ferdinand, IN, 47532		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 10/25/2021
Owner SOUTHEAST DUBOIS CO SCHOOL CORP				Summary of Violations:	
Owner's Address 432 E 15TH STREET, FERDINAND, IN, 47532				C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Linda Boeckman				Menu Type (See additional page)	
Responsible Person's E-mail				1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler Christine Sisk exp 1/19/2022 Alicia Rappe 1/20/2026					
• 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	
			No Violations observed at time of inspection		
Received by (name and title printed):			Inspected by (name and title printed): Christina Pierini		
Received by (signature):			Inspected by (signature):		
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 HOLY TRINITY EAST CAMPUS (@ Holy Family)		Telephone Number (812) 482-4485 () Owner 812-482-4485		Date of Inspection (mm/dd/yr) 10/08/2021		ID # 232	
Establishment Address (number and street, city, state, zip code) 990 Church Ave., Jasper, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/18/2021	
Owner GAIL FLANNAGAN				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 1385 W. 6th St., Jasper, IN, 47546				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			
Person in Charge GAIL FLANNAGAN							
Responsible Person's E-mail							
Certified Food Handler Amber Huckley 2023							

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

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Received by (signature):		Inspected by (signature):	
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 HUNTINGBURG ELEMENTARY SCHOOL	Telephone Number (812) 683-1172	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 233
Establishment Address (number and street, city, state, zip code) 501 W SUNSET DRIVE, HUNTINGBURG, IN, 47542	(812) 683-1172		
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RITA HOPF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler PATTY KING 3/13/2022			

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

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Received by (signature):		Inspected by (signature):	
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 JASPER MIDDLE SCHOOL	Telephone Number (Establishment) 812-482-6454	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 238
Establishment Address (number and street, city, state, zip code) 3600 PORTERSVILLE RD, JASPER, IN, 47546	(Owner) 812-482-1801		
Owner GREATER JASPER CONSOLIDATED SCHOOLS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 1520 ST. CHARLES ST, JASPER, IN, 46546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JULIE BARTH		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Julie Barth exp. 11/17/2020			

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[illegible]

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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 NORTHEAST DUBOIS HIGH SCHOOL	Telephone Number (812) 678-2781	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 242
Establishment Address (number and street, city, state, zip code) 4711 N DUBOIS RD NE, DUBOIS, IN, 47527	(812) 678-2781		
Owner NORTHEAST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/16/2021
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Joyce Hulsman		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler JOYCE HULSMAN 2024			

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[illegible]

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Received by (signature):		Inspected by (signature):	
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 SOUTHRIDGE HIGH SCHOOL	Telephone Number (Establishment) 812-683-2272	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 247
Establishment Address (number and street, city, state, zip code) 1110 S MAIN ST, HUNTINGBURG, IN, 47542	(Owner) 812-683-2272		
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ORA LEE COTTON		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>●</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail 			
Certified Food Handler Cathy Hughes 2023			

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

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Received by (signature):		Inspected by (signature):	
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 SOUTHRIDGE MIDDLE SCHOOL	Telephone Number (Establishment) 812-683-2272	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 248
Establishment Address (number and street, city, state, zip code) 1110 S MAIN ST, HUNTINGBURG, IN, 47542	(Owner) 812-683-3971		
Owner SOUTHWEST DUBOIS CO SCHOOL CORP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 113 N JACKSON STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ORA LEE COTTON		Menu Type (See additional page) 1 <u>0</u> 2 <u>0</u> 3 <u>●</u> 4 <u>0</u> 5 <u>0</u>	
Responsible Person's E-mail 			
Certified Food Handler Cathy Hughes 6/27/2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TWISTED TOASTER	Telephone Number () Establishment 812-891-3684	Date of Inspection (mm/dd/yr) 10/09/2021	ID # 305
Establishment Address (number and street, city, state, zip code) 1012 BRIDGE AVE, VINCENNES, IN, 47591	() Owner 812-891-3684		
Owner GABE HORRALL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/19/2021
Owner's Address 1012 BRIDGE AVE, VINCENNES, IN, 47591		Summary of Violations: C 0 NC 0 R 0	
Person in Charge GABE HORRALL		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler gabe horral 2025			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SOUP-N-SUCH BISTRO	Telephone Number (812) 998-2490	Date of Inspection (mm/dd/yr) 10/25/2021	ID # 307
Establishment Address (number and street, city, state, zip code) 1150 MAIN STREET, FERDINAND, IN, 47532	(812) 630-3986		
Owner TAMMY BEDOLLA	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/04/2021
Owner's Address 1150 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TAMMY BEDOLLA		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler TAMMY BEDOLLA			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 COUNTRY SWEET ROLLS JUDY SCHMITT		Telephone Number (812)-768-6021		Date of Inspection (mm/dd/yr) 10/16/2021		ID # 313	
Establishment Address (number and street, city, state, zip code) 542 E SR 68 , HAUBSTADT , IN, 47639		Owner JUDY SCHMITT		Follow-up No		Release Date 10/26/2021	
Owner's Address 542 E SR 68 , HAUBSTADT , IN, 47639		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C 0 NC 0 R 0			
Person in Charge JUDY SCHMITT		<input type="checkbox"/> Follow-up					
Responsible Person's E-mail		<input type="checkbox"/> Complaint					
		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler EXEMPT		<input type="checkbox"/> Other (list) _____		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SEIB'S HOOSIER HONEY	Telephone Number (317)-432-9578	Date of Inspection (mm/dd/yr) 10/16/2021	ID # 315
Establishment Address (number and street, city, state, zip code) 7784 N SANCTUARY LN, MOORESVILLE, IN, 46158	(317)-432-9578		
Owner MIKE AND DEBBIE SEIB	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/26/2021
Owner's Address 7784 N SANCTUARY LN, MOORESVILLE, IN, 46158		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MIKE AND DEBBIE SEIB		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler MIKE/DEBBIE SEIB 11/18/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HEINE'S WFRB	Telephone Number (317)-529-5619	Date of Inspection (mm/dd/yr) 10/16/2021	ID # 318
Establishment Address (number and street, city, state, zip code) 3812 priscilla ave, INDIANAPOLIS, IN, 46226	(317)-Owner 317-437-4761		
Owner Litasha Mcfeters	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 10/26/2021
Owner's Address 7384 SHELBY ST, INDIANAPOLIS, IN, 46227		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Litasha Mcfeters		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler MICHAEL STEWART 4/2020			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 PRONTO PUP CONCESSIONS		Telephone Number (812) 887-0505 (812) 887-0234		Date of Inspection (mm/dd/yr) 10/16/2021	ID # 320
Establishment Address (number and street, city, state, zip code) 177 N HERBERT ROAD, VINCENNES, IN, 47591		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 10/26/2021
Owner B.D. FULLER				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 177 N HERBERT ROAD, VINCENNES, IN, 47591					
Person in Charge B.D. FULLER					
Responsible Person's E-mail					
Certified Food Handler KAREN FULLER 2021		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Little Angel Creations JANE BYRD		Telephone Number (812) 704-2798 (812) 704-2798		Date of Inspection (mm/dd/yr) 10/16/2021		ID # 324	
Establishment Address (number and street, city, state, zip code) 4231 PAYNE KOEHLER RD., NEW ALBANY, IN, 47150		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 10/26/2021	
Owner JANE BYRD				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 4231 PAYNE KOEHLER RD, NEW ALBANY, IN, 47150							
Person in Charge JANE BYRD							
Responsible Person's E-mail							
Certified Food Handler JANE BYRD 2023		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>					

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DIP CHICK DIP	Telephone Number (812) 320-4036	Date of Inspection (mm/dd/yr) 10/16/2021	ID # 327
Establishment Address (number and street, city, state, zip code) 1668 E MOFFET LN, BLOOMINGTON, IN, 47407	(812) 320-4036		
Owner SERENA SCHAMP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/26/2021
Owner's Address 1668 E MOFFET LN, BLOOMINGTON, IN, 47407		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SERENA SCHAMP		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 MEMORIAL HOSPITAL	Telephone Number (812) 996-0519 () Owner	Date of Inspection (mm/dd/yr) 10/11/2021	ID # 334
Establishment Address (number and street, city, state, zip code) 800 W 9TH ST., JASPER, IN, 47546			
Owner	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/21/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge AMY HOPF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>○</u> 4 <u>●</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 KIM'S KOFFEE	Telephone Number () 812-684-8079	Date of Inspection (mm/dd/yr) 10/20/2021	ID # 356
Establishment Address (number and street, city, state, zip code) 410 4TH ST, HUNTINGBURG, IN, 47542	() 952-201-0075		
Owner Kim Kerr	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/30/2021
Owner's Address 6824 S 400 W , HUNTINGBURG, IN, 47542		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>	
Person in Charge ASHLIE KERR			
Responsible Person's E-mail		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler CHAD BRIAN 2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOOSIER SUGAR DADDY	Telephone Number (765-792-0144)	Date of Inspection (mm/dd/yr) 10/16/2021	ID # 365
Establishment Address (number and street, city, state, zip code) 125 COPE RD, MARTINSVILLE, IN, 46157	(765-792-0144)		
Owner ERIC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/26/2021
Owner's Address 125 COPE RD, MARTINSVILLE, IN, 46157		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ERIC		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler ERIC 3/20/24			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 2 GUYS AND A KETTLE	Telephone Number (812) 573-0456	Date of Inspection (mm/dd/yr) 10/09/2021	ID # 371
Establishment Address (number and street, city, state, zip code) 4388 FRAME RD., NEWBURGH, IN, 47630	(812) 573-0456		
Owner WES WILHITE	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/19/2021
Owner's Address 4388 FRAME RD., NEWBURGH, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WES WILHITE		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler exempt			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TAQUERIA MOBILE	Telephone Number (812) 351-4571	Date of Inspection (mm/dd/yr) 10/15/2021	ID # 372
Establishment Address (number and street, city, state, zip code) 111 W 28TH ST., JASPER, IN, 47546	(812) 351-4571		
Owner francisca gonzalez	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/25/2021
Owner's Address 111 W 28TH ST., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge francisca gonzalez		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler francisca gonzalez 11/28/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 LAZER FOOD SERVICE INC.	Telephone Number (812) 683-4200	Date of Inspection (mm/dd/yr) 10/20/2021	ID # 373
Establishment Address (number and street, city, state, zip code) 4689 S. 400 W., HUNTINGBURG, IN, 47542	(712) 870-0307		
Owner LAZER FOOD SERVICE, INC.	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/30/2021
Owner's Address 1410 N. MICHIGAN ST., STORM LAKE, IA, 50588		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LAZER FOOD SERVICE, INC.		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler jonathan mccullum 06/12/2023			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 MADI'S MAIN SQUEEZE	Telephone Number (812) 454-2501	Date of Inspection (mm/dd/yr) 10/09/2021	ID # 380
Establishment Address (number and street, city, state, zip code) 1611 NEWTON STREET, JASPER, IN, 47546	(812) 454-2501		
Owner MADISON NIEDERBERGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/19/2021
Owner's Address 1611 NEWTON STREET, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MADISON NIEDERBERGER		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail _____			
Certified Food Handler EXEMPT			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 OINK INC SMOKEHOUSE	Telephone Number (812) 630-5638	Date of Inspection (mm/dd/yr) 10/07/2021	ID # 387
Establishment Address (number and street, city, state, zip code) 2690 S. SAINT ANTHONY RD. W., HUNTINGBURG, IN, 47542	(812) 630-5638		
Owner TIM FLICK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/17/2021
Owner's Address 2690 S. SAINT ANTHONY RD. W., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TIM FLICK		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler tim flick 12/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JASPER ELEMENTARY SCHOOL		Telephone Number () Establishment		Date of Inspection (mm/dd/yr) 10/08/2021		ID # 390	
Establishment Address (number and street, city, state, zip code) 3799 N PORTERSVILLE RD., JASPER, IN, 47546		() Owner 812-482-1801					
Owner GREATER JASPER CONSOLIDATED SCHOOLS		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 10/18/2021	
Owner's Address 1520 ST. CHARLES STREET, JASPER, IN, 47546		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge KAREN GUDORF		<input type="checkbox"/> Complaint		C <u>0</u> NC <u>0</u> R <u>0</u>			
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP		Menu Type (See additional page)			
Certified Food Handler KAREN GUDORF 2022		<input type="checkbox"/> Other (list) _____		1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 APRON STRINGS CUSTOM BAKING		Telephone Number (812)-639-7016		Date of Inspection (mm/dd/yr) 10/06/2021		ID # 391	
Establishment Address (number and street, city, state, zip code) 2080 E STATE RD 64, HUNTINGBURG, IN, 47542		() Owner 812-639-7016					
Owner MARILYN HOPF		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 10/16/2021	
Owner's Address 2080 E STATE RD 64, HUNTINGBURG, IN, 47542		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge MARILYN HOPF		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational					
		<input type="checkbox"/> Temporary		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> Other (list) _____					
Certified Food Handler MARILYN HOPF 1-22-2025							

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TICKLEBELLY HILL / DBA OINK INC SMOKE HOUSE	Telephone Number 812-630-5638	Date of Inspection (mm/dd/yr) 10/07/2021	ID # 394
Establishment Address (number and street, city, state, zip code) 2690 S. SAINT ANTHONY RD W, HUNTINGBURG, IN, 47542	Owner 812-630-5638		
Owner TIM FLICK	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/17/2021
Owner's Address 2690 S. SAINT ANTHONY RD W, HUNTINGBURG, IN, 47542		Summary of Violations: C 0 NC 0 R 0	
Person in Charge TIM FLICK		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler TIM FLICK 12/27/2022			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 ROCK-A-BURGER LLC	Telephone Number () Establishment 812-449-4316	Date of Inspection (mm/dd/yr) 10/09/2021	ID # 404
Establishment Address (number and street, city, state, zip code) 1203 BASELINE RD., EVANSVILLE, IN, 47725	() Owner 812-449-4316		
Owner NICK DUFFY	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/19/2021
Owner's Address 1203 BASELINE RD., EVANSVILLE, IN, 47725	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge NICK DUFFY	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler ROBERT DUFFY 2021	<input type="checkbox"/> Temporary	1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DEREK & BRITTANY TARRH	Telephone Number (812) 630-2994	Date of Inspection (mm/dd/yr) 10/08/2021	ID # 408
Establishment Address (number and street, city, state, zip code) 2690 S. SAINT ANTHONY ST., HUNTINGBURG, IN, 47542	(812) 630-2994		
Owner BRITTANY TARRH	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/18/2021
Owner's Address 550 W 3RD ST., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRITTANY TARRH		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 One Moore Bar & Grill	Telephone Number (812) 678-2491	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 413
Establishment Address (number and street, city, state, zip code) 4492 E 4th St, Dubois, IN, 47527	(812) 678-2491		
Owner Annette Moore	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/16/2021
Owner's Address 5444 E Sycamore St, Dubois, IN, 47527		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge Annette Moore		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____			
Certified Food Handler Annette Moore 4/25/2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 WOOD CAPITAL PIZZA	Telephone Number () 812-309-4550	Date of Inspection (mm/dd/yr) 10/09/2021	ID # 421
Establishment Address (number and street, city, state, zip code) 331 MILL ST, JASPER, IN, 47546	() Owner		
Owner KYLE & JAMIE JAHN	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 10/19/2021
Owner's Address N/A, N/A, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KYLE & JAMIE JAHN	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
Certified Food Handler KYLE JAHN 2026	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TOM'S TRAVELING COFFEE TRUCK		Telephone Number () Establishment		Date of Inspection (mm/dd/yr) 10/18/2021		ID # 433	
Establishment Address (number and street, city, state, zip code) 1911 BELL RD., CHANDLER, IN, 47610		() Owner					
Owner DEREK & DEAN TAYLOR		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 10/28/2021	
Owner's Address 1911 BELL RD., CHANDLER, IN, 47610		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge DEREK & DEAN TAYLOR		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
		<input type="checkbox"/> Temporary					
Certified Food Handler EXEMPT		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CALORITA	Telephone Number (812-319-3246)	Date of Inspection (mm/dd/yr) 10/06/2021	ID # 445
Establishment Address (number and street, city, state, zip code) 5959 N CR 850 E, OTWELL, IN, 47564	(812-319-3246)		
Owner OLIVA HOWALD & BRITTANY HARBIN	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/16/2021
Owner's Address 5959 N CR 850 E, OTWELL, IN, 47564		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge OLIVA HOWALD & BRITTANY HARBIN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler OLIVA HOWALD 6/11/2026			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Archie BBQ	Telephone Number ()- - 812-361-2937	Date of Inspection (mm/dd/yr) 10/18/2021	ID # 449
Establishment Address (number and street, city, state, zip code) 155 west 2nd st., Jasper, IN, 47546	()- - 812-361-2937		
Owner Charles Archie	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/28/2021
Owner's Address 4250 west division rd., Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Charles Archie		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail 			
Certified Food Handler has 6 months to get			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 APPLEBEE'S	Telephone Number () Establishment 812-481-2838 () Owner 316-685-1622	Date of Inspection (mm/dd/yr) 11/22/2021	ID # 6
Establishment Address (number and street, city, state, zip code) 4223 MANNHEIM ROAD, JASPER, IN, 47546	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/02/2021
Owner APPLE CENTRAL, LLC		Summary of Violations: C 0 NC 1 R 0	
Owner's Address P.O. BOX 780732, WICHITA, KS, 67278			
Person in Charge Ronald Steffy			
Responsible Person's E-mail			
Certified Food Handler Ronald Steffy exp. 7/5/2021		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 ARBY'S #5392	Telephone Number () 812-482-7111	Date of Inspection (mm/dd/yr) 11/22/2021	ID # 7
Establishment Address (number and street, city, state, zip code) 3739 N. NEWTON STREET, JASPER, IN, 47546	() 678-514-4385		
Owner RTM OPERATING COMPANY, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/02/2021
Owner's Address 3 GLENLAKE PARKWAY NE, ATLANTA, GA, 30328		Summary of Violations: C 0 NC 1 R 0	
Person in Charge BETHANY ALVEY		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler BETHANY ALVEY 10/7/2022			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 AZURA RESTAURANT SYSTEMS, INC.		Telephone Number (812) 634-2211 (812) 661-7397		Date of Inspection (mm/dd/yr) 11/29/2021	ID # 9
Establishment Address (number and street, city, state, zip code) 198 3RD AVENUE, JASPER, IN, 47546		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 12/09/2021
Owner NICK HOSTETTER				Summary of Violations: C <u>1</u> NC <u>1</u> R <u>2</u>	
Owner's Address 198 3RD AVENUE, JASPER, IN, 47546				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in Charge NICK HOSTETTER					
Responsible Person's E-mail					
Certified Food Handler NICK HOSTETTER 9/11/2023					

- **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 BURGER KING #1002	Telephone Number (812) 634-9669	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 23
Establishment Address (number and street, city, state, zip code) 3711 NEWTON STREET, JASPER, IN, 47546	(315) 424-0513		
Owner CARROLS LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address 968 JAMES STREET, SYRACUSE, NY, 13203		Summary of Violations: C 1 NC 0 R 0	
Person in Charge JAMES FRIARS D.M.		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler BRUCE HAMMOND 10/29/2024			

- **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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 CHINA GARDEN	Telephone Number (812) 367-8200 (718) 909-3092	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 29
Establishment Address (number and street, city, state, zip code) 75 INDUSTRIAL PARK ROAD, SUITE B, FERDINAND, IN, 47532			
Owner YAN HONG ZHANG (LYNN)	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address 449 PRANCER DR. N, SANTA CLAUS, IN, 47549		Summary of Violations: C <u>2</u> NC <u>3</u> R <u>3</u>	
Person in Charge Hui Li		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Yan Hong Zhang exp. 2/25/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FERDINAND-TOWN SUNOCO #59	Telephone Number (812) 367-2666	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 40
Establishment Address (number and street, city, state, zip code) 1540 MAIN STREET, FERDINAND, IN, 47532	(513) 367-9905		
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Susie 10/12/21			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 FERINAND-INTERSTATE SUNOCO #60	Telephone Number (812) 367-1138	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 41
Establishment Address (number and street, city, state, zip code) 460 MAIN STREET, FERDINAND, IN, 47532	(513) 367-9900		
Owner HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address 9171 DRY FORK RD, HARRISO, OH, 45030		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Lorina Holsman		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Lorina Holsman exp. 7/21/2021			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 COOKIES AROUND THE CLOCK	Telephone Number (812) 482-1194	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 48
Establishment Address (number and street, city, state, zip code) 1430 W STATE ROAD 56, JASPER, IN, 47546	(812) 309-3940		
Owner LINDA LECHNER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 1430 W STATE RD. 56, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LINDA LECHNER		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Exempt			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 JavAroma Roasters	Telephone Number (812) 329-0087	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 326
Establishment Address (number and street, city, state, zip code) 1228 W Warren St, Mitchell, IN, 47446	(812) 329-0087		
Owner Joana Wade	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/30/2021
Owner's Address 1228 W Warren St, Mitchell, IN, 47446		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Joana Wade		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JOANA WADE			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FEHRIBACH STOP INN, INC.	Telephone Number () 812-683-4220	Date of Inspection (mm/dd/yr) 11/01/2021	ID # 73
Establishment Address (number and street, city, state, zip code) 314 13TH STREET, HUNTINGBURG, IN, 47542	() 812-661-0220		
Owner WAYNE FEHRIBACH	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 11/10/2021
Owner's Address 980 S DEER RUN ROAD, HUNTINGBURG, IN, 47542	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WAYNE FEHRIBACH	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler WAYNE FEHRIBACH 11/17/20	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 FLEIG'S CAFÉ	Telephone Number (812) 367-1310 <small>(Establishment)</small>	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 77
Establishment Address (number and street, city, state, zip code) 905 MAIN STREET, FERDINAND, IN, 47532	(812) 630-7723 <small>(Owner)</small>		
Owner ROBERT KITTEN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address 660 S 730 E, FERDINAND, IN, 47532		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Kevin Kline		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Karen Ketzner exp 6/20/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 FRATERNAL ORDER OF EAGLES AERIE #3335	Telephone Number 812-683-3335	Date of Inspection (mm/dd/yr) 11/01/2021	ID # 78
Establishment Address (number and street, city, state, zip code) 708 E 6TH STREET, HUNTINGBURG, IN, 47542	812-683-3335		
Owner FRATERNAL ORDER OF EAGLES #3335 MEMBERS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/10/2021
Owner's Address P.O. BOX 168, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge HEATHER BELCHER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Heather Belcher exp. 5/10/21			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOMESTEAD PIZZA LLC	Telephone Number (812) 367-1808	Date of Inspection (mm/dd/yr) 11/09/2021	ID # 97
Establishment Address (number and street, city, state, zip code) 1510 MAIN STREET, FERDINAND, IN, 47532	(812) 631-2034		
Owner RICHARD WELP	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/19/2021
Owner's Address 1510 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge RICHARD WELP		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Richard Welp exp. 9/11/22			

- 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 HOPF'S PIES PLUS	Telephone Number (812) 661-2110 (812) 661-2110	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 101
Establishment Address (number and street, city, state, zip code) 3570 S 1025 E, BIRDSEYE, IN, 47513			
Owner DAVID & JOYCE HOPF	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/30/2021
Owner's Address 3570 S 1025 E, BIRDSEYE, IN, 47513		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge DAVID & JOYCE HOPF		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Joyce Hopf exp. 3/20/2023			

• **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 KELLEY'S RESTAURANT & BAR		Telephone Number (812) 634-1323 (812) 630-2831		Date of Inspection (mm/dd/yr) 11/15/2021		ID # 120	
Establishment Address (number and street, city, state, zip code) 6762 E. STATE ROAD 164, CELESTINE, IN, 47521		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 11/25/2021	
Owner JEFF KELLEY				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address 1077 N STATE ROAD 545, CELESTINE, IN, 47521				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge JEFF KELLEY							
Responsible Person's E-mail							
Certified Food Handler annette linne EXP 7/24/22							

- 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):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 LONG JOHN SILVER'S #70196	Telephone Number (Establishment) 812-482-2132	Date of Inspection (mm/dd/yr) 11/22/2021	ID # 128
Establishment Address (number and street, city, state, zip code) 3960 N. NEWTON STREET, JASPER, IN, 47546	(Owner) 502-815-6114		
Owner LJS OPCO ONE LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/02/2021
Owner's Address 103 COOPER ST., BABYLON, NY, 11749		Summary of Violations: C 0 NC 1 R 0	
Person in Charge David Chapman		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Vicky Hagan exp. 2/23/2021			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

State Form 22116 (R7 /12-04)
SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
Fax 812-481-7069

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 LOS BRAVOS MEXICAN RESTAURANT		Telephone Number (812) 482-7564		Date of Inspection (mm/dd/yr) 11/15/2021	ID # 129
Establishment Address (number and street, city, state, zip code) 198 S NEWTON STREET, JASPER, IN, 47546		(812) 499-8151			
Owner ANA BRAVO		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 11/25/2021
Owner's Address 5977 MEDINAH DR., NEWBURGH, IN, 47630				Summary of Violations: C <u>3</u> NC <u>6</u> R <u>2</u>	
Person in Charge CONSUELO VELASQUEZ/DAVID PEREZ				Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail					
Certified Food Handler FREDE CRUZ 5/20/24					

• 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
345	C		Observed a pitcher in hand washing sink behind bar.	11/25/2021
346	NC		Observed hand washing sink in bar area to not have any hand soap.	05/16/2022
324	C		Observed sour odor near drain behind drink station in the kitchen.	11/25/2021
218	NC	R	Small single door fridge in prep kitchen and bottom door on hot warmer needs new door gaskets.	05/16/2022
310	NC		Observed dust/debris/buildup on fans, ceiling tiles and condenser in walk-in cooler.	05/16/2022
342	NC		Observed hand washing sink in kitchen area to not have a working hot water knob.	Corrected
240	NC		Observed ice wands in walk-in freezer to have frost accumulated on them.	05/16/2022
177	C	R	Observed food being stored in unapproved containers and not labeled.	11/25/2021
351	NC		Observed noncovered receptacles in the women's bathroom.	05/16/2022

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

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 MILL HOUSE OF JASPER, INC.	Telephone Number () 812-482-4345	Date of Inspection (mm/dd/yr) 11/29/2021	ID # 144
Establishment Address (number and street, city, state, zip code) 1340 MILL STREET, JASPER, IN, 47546	() 812-309-6003		
Owner WILLIAM AND KIMBERLY AULL	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/09/2021
Owner's Address 2150 W. SHILOH LANE, JASPER, IN, 47546		Summary of Violations: C 1 NC 1 R 0	
Person in Charge WILLIAM AND KIMBERLY AULL		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler Kim and Tracy 3/13/2023			

• **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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 HOMESTEAD BBQ	Telephone Number (812) 998-2100	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 161
Establishment Address (number and street, city, state, zip code) 2005 MAIN ST, FERDINAND, IN, 47532	(812) 639-8878		
Owner BRANDON WHITIS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/30/2021
Owner's Address 36 cedar crest ct, jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge BRANDON WHITIS		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler BRANDON WHITIS exp. 2/23/21			

- **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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 RON'S PLACE	Telephone Number () 812-683-9412	Date of Inspection (mm/dd/yr) 11/01/2021	ID # 167
Establishment Address (number and street, city, state, zip code) 504 N VAN BUREN STREET, HUNTINGBURG, IN, 47542	() 812-639-3548		
Owner BOB BUECHLEIN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/10/2021
Owner's Address 345 S TINSEL CIRCLE E, SANTA CLAUS, IN, 47579		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BOB BUECHLEIN		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Bob Buechlein exp. 08/21/2023			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SANDER CATERING	Telephone Number () Ex. City Number 812-634-1018	Date of Inspection (mm/dd/yr) 11/29/2021	ID # 169
Establishment Address (number and street, city, state, zip code) 1137 S. CLAY ST., JASPER, IN, 47546	() Owner 812-309-3269		
Owner ALEX ZEHR	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/09/2021
Owner's Address 1137 S. CLAY ST., JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge ALEX ZEHR		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler RANDA STREET 2/21/2024			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 SCHNITZELBANK CATERING	Telephone Number (812) 634-2584 (812) 482-2640	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 173
Establishment Address (number and street, city, state, zip code) 409 3RD AVENUE, JASPER, IN, 47546			
Owner GAIL HETTINGER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 443 N. Whoderville Rd, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge jessica douglas		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler jessica douglas exp. 09/08/2021			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SCHNITZELBANK RESTAURANT	Telephone Number (812) 482-2640	Date of Inspection (mm/dd/yr) 11/29/2021	ID # 174
Establishment Address (number and street, city, state, zip code) 393 3RD AVENUE, JASPER, IN, 47546	(812) 482-2640		
Owner ALAN HANSELMAN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/09/2021
Owner's Address 443 N. Whoderville Rd., JASPER, IN, 47546		Summary of Violations: C 1 NC 1 R 1	
Person in Charge Barb Luebbehusen		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Barb Luebbehusen exp. 04/03/2023			

- 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): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 SNAPS	Telephone Number (812) Exchange-XXXX 812-848-7627	Date of Inspection (mm/dd/yr) 11/02/2021	ID # 177
Establishment Address (number and street, city, state, zip code) 1115 MAIN STREET, JASPER, IN, 47546	() Owner 812-848-7627		
Owner KIM MITCHELL (WTFDS LLC)	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/11/2021
Owner's Address 4981 W ST RD 56, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge KIM MITCHELL (WTFDS LLC)		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail _____			
Certified Food Handler KIM MITCHELL EXP 9/12/22			

- 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 TACO BELL #3001034 (Jasper)	Telephone Number (812) 634-9536	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 194
Establishment Address (number and street, city, state, zip code) 3592 NEWTON STREET, JASPER, IN, 47546	(503) 722-2825		
Owner BELL INDIANA, LLC	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address PO BOX 507, WEST LINN, OR, 97068		Summary of Violations: C 0 NC 1 R 0	
Person in Charge larry bowers		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler LARRY BOWERS 8/10/2022			

- 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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): Kymberlee	
Received by (signature):		Inspected by (signature):	
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 Schwoeppe's BBQ	Telephone Number (812-630-6670)	Date of Inspection (mm/dd/yr) 11/17/2021	ID # 276
Establishment Address (number and street, city, state, zip code) 2828 W. 1100 S., Huntingburg, IN, 47542	(812-630-6670)		
Owner Ashley Schwoeppe	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/27/2021
Owner's Address 10586 S. 200 W., Huntingburg, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Ashley Schwoeppe		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler Ashley Schwoeppe			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Sweet - D - Licious Kettle Corn	Telephone Number (812) 789-3124	Date of Inspection (mm/dd/yr) 11/21/2021	ID # 289
Establishment Address (number and street, city, state, zip code) 2700 E. State Road 64, Winslow, IN, 47598	(812) 789-3124		
Owner Kelly Mabrey	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/01/2021
Owner's Address 2700 E. State Road 64, Winslow, IN, 47598		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kelly Mabrey		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler kelly 2/25/2022			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Clark Concessions	Telephone Number (812) 215-6966 () Owner	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 310
Establishment Address (number and street, city, state, zip code) 510 E Eisenhower Ln, Haubstadt, IN, 47639			
Owner	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/30/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 COUNTRY SWEET ROLLS JUDY SCHMITT		Telephone Number (812) 666-6021 () Owner 812-768-6021		Date of Inspection (mm/dd/yr) 11/20/2021		ID # 313	
Establishment Address (number and street, city, state, zip code) 542 E SR 68 , HAUBSTADT , IN, 47639							
Owner JUDY SCHMITT		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up		Release Date 11/30/2021	
Owner's Address 542 E SR 68 , HAUBSTADT , IN, 47639				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge JUDY SCHMITT				Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail							
Certified Food Handler EXEMPT							

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 SEIB'S HOOSIER HONEY	Telephone Number (Establishment) 317-432-9578 (Owner) 317-432-9578	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 315
Establishment Address (number and street, city, state, zip code) 7784 N SANCTUARY LN, MOORESVILLE, IN, 46158			
Owner MIKE AND DEBBIE SEIB	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 7784 N SANCTUARY LN, MOORESVILLE, IN, 46158		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MIKE AND DEBBIE SEIB		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler MIKE/DEBBIE SEIB 11/18/2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 KimmieMakes	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 316
Establishment Address (number and street, city, state, zip code) 8777 madden rd, Lynnville, IN, 47619	() Owner 812-483-0867		
Owner Kim Ashby	Purpose: <input type="checkbox"/> Routine	Follow-up No	Release Date 11/30/2021
Owner's Address 8777 madden rd, Lynnville, IN, 47619	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge Kim Ashby	<input type="checkbox"/> Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler Kim Ashby	<input type="checkbox"/> HACCP	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 OMA GISI'S GERMAN BAKERY	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 322
Establishment Address (number and street, city, state, zip code) 310 N. MADISON ST, KINMUNDY , IL, 62854	() Owner		
Owner TANJA DORR	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up	Release Date 11/30/2021
Owner's Address 310 N. MADISON ST, KINMUNDY , IL, 62854	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TANJA DORR	<input type="checkbox"/> Complaint		
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified Food Handler	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> HACCP		
	<input type="checkbox"/> 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):		Inspected by (name and title printed): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 DIP CHICK DIP	Telephone Number (812) 320-4036	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 327
Establishment Address (number and street, city, state, zip code) 1668 E MOFFET LN, BLOOMINGTON, IN, 47407	(812) 320-4036		
Owner SERENA SCHAMP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 1668 E MOFFET LN, BLOOMINGTON, IN, 47407		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SERENA SCHAMP		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 Nate's Candy Jar	Telephone Number () Ex. () 812-821-0995 () Owner	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 328
Establishment Address (number and street, city, state, zip code) gosport, gosport, IN, 47433			
Owner	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 POKORNEYS KETTLE KORN	Telephone Number () 618-893-2824	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 330
Establishment Address (number and street, city, state, zip code) 805 W PARADISE DR, WAYNE CITY, IL, 62895	() 618-893-2824		
Owner STANLEY POKORNEY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 805 W PARADISE DR, WAYNE CITY, IL, 62895		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge STANLEY POKORNEY		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 ODIN ROASTED NUTS	Telephone Number () 618-322-1808	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 331
Establishment Address (number and street, city, state, zip code) 1225 RED STRIPE RD, ODIN, IL, 62870	() Owner 618-322-1808		
Owner BRUCE PARRISH	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 1225 RED STRIPE RD , ODIN, IL, 62870		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRUCE PARRISH		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 CHEESECAKE FAIRY	Telephone Number (812) 630-3503	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 332
Establishment Address (number and street, city, state, zip code) 6700 S LAKESIDE DR, HUNTINGBURG, IN, 47542	(812) 630-3503		
Owner TINA HUDDLESTON	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 6700 S LAKESIDE DR, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TINA HUDDLESTON		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 3 CHICKS FUDGERY	Telephone Number (Establishment) 812-457-2633	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 368
Establishment Address (number and street, city, state, zip code) 305 MAIN STREET , MT. VERNON, IN, 47620	(Owner) 812-457-2633		
Owner RACHEL RAINEY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/30/2021
Owner's Address 305 MAIN STREET , MT. VERNON, IN, 47620		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RACHEL RAINEY		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail 			
Certified Food Handler RACHEL RAINEY EXP 4/15/24			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 PUB 'N' GRUB	Telephone Number (812) 631-0188	Date of Inspection (mm/dd/yr) 11/02/2021	ID # 369
Establishment Address (number and street, city, state, zip code) 514 JACKSON ST., JASPER, IN, 47546	(812) 631-0188		
Owner JARED WEISHEIT	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/11/2021
Owner's Address 514 JACKSON ST., JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TRACEY PRICE		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JARED WEISHEIT 2024			

- 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): Christina Pierini	
Received by (signature):		Inspected by (signature):	
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 2 GUYS AND A KETTLE	Telephone Number (812) 573-0456	Date of Inspection (mm/dd/yr) 11/15/2021	ID # 371
Establishment Address (number and street, city, state, zip code) 4388 FRAME RD., NEWBURGH, IN, 47630	(812) 573-0456		
Owner John Bush	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/25/2021
Owner's Address 4388 FRAME RD., NEWBURGH, IN, 47630		Summary of Violations: C 0 NC 0 R 0	
Person in Charge John Bush		Menu Type (See additional page) 1 0 2 1 3 0 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler exempt			

- 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]

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Received by (signature):		Inspected by (signature):	
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 DUNKIN'	Telephone Number (856) 904-2222	Date of Inspection (mm/dd/yr) 11/19/2021	ID # 403
Establishment Address (number and street, city, state, zip code) 3085 NEWTON STREET, JASPER, IN, 47546	(856) 904-2222		
Owner SAGAR DESAI	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2021
Owner's Address 4672 PICADILLY CIRCLE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge SAGAR DESAI		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler AMANDA STURGEON 12/31/2025			

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

Received by (name and title printed):		Inspected by (name and title printed): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
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 GOOD FOOD DEAR FRIENDS	Telephone Number (812) 480-4069	Date of Inspection (mm/dd/yr) 11/13/2021	ID # 411
Establishment Address (number and street, city, state, zip code) 9911 S ST. RD. 161, HOLLAND, IN, 47541	(812) 480-4069		
Owner LORI AUSTIN	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/23/2021
Owner's Address 9911 S. ST RD 161, HOLLAND, IN, 47541		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LORI AUSTIN		Menu Type (See additional page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

- **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]

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Received by (signature):		Inspected by (signature):	
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 STAY BREWED	Telephone Number (812) 661-9576	Date of Inspection (mm/dd/yr) 11/20/2021	ID # 420
Establishment Address (number and street, city, state, zip code) 4273 ROLLING RIDGE DR, ST. ANTHONY, IN, 47575	(812) 661-9576		
Owner CRAIG & LORI	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 11/30/2021
Owner's Address 4273 ROLLING RIDGE DR, ST. ANTHONY, IN, 47575		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge CRAIG & LORI		Menu Type (See additional page) 1 <u>○</u> 2 <u>●</u> 3 <u>○</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler EXEMPT			

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

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Received by (signature):		Inspected by (signature):	
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 Friends Hospitality of Huntingburg LLC		Telephone Number (812) 684-9494		Date of Inspection (mm/dd/yr) 11/01/2021		ID # 451	
Establishment Address (number and street, city, state, zip code) 311 E 14th Street, Huntingburg, IN, 47542		(812) 684-9494					
Owner Manish Malhotra		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 11/10/2021	
Owner's Address 8366 Shore Dr, Newburgh, IN, 47650				Summary of Violations: C 0 NC 0 R 0			
Person in Charge Christy Schaefer				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail							
Certified Food Handler michelle dahlen 4-28-2025							

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

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Received by (signature):		Inspected by (signature):	
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 The Bakerman	Telephone Number (812) 699-7736	Date of Inspection (mm/dd/yr) 11/15/2021	ID # 454
Establishment Address (number and street, city, state, zip code) 70 SW 2ND ST, LINTON, IN, 47441	(812) 699-7736		
Owner Trent Wilkes	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/25/2021
Owner's Address 70 SW 2ND ST, LINTON, IN, 47441		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Trent Wilkes		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Jill Wilkes 10-18-2026			

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

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Received by (signature):		Inspected by (signature):	
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 THE KITCHEN/MADIS MAIN SQUEEZE	Telephone Number 812-993-4100 () 812-993-4100 ()	Date of Inspection (mm/dd/yr) 11/18/2021	ID # 455
Establishment Address (number and street, city, state, zip code) 1611 NEWTON ST, JASPER, IN, 47542			
Owner RYAN & MADISON NIEDERBERGER	Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/28/2021
Owner's Address 1611 NEWTON ST, JASPER, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RYAN & MADISON NIEDERBERGER		Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler MADISON NIEDERBERGER 3-2026			

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[illegible]

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Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	