

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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) 01/13/2022	ID # 15
Establishment Address (number and street, city, state, zip code) 337 W 15TH STREET, 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 01/23/2022
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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 BREW JASPER LLC	Telephone Number (812) 556-0017 (812) 661-7552	Date of Inspection (mm/dd/yr) 01/28/2022	ID # 17
Establishment Address (number and street, city, state, zip code) 408 MAIN STREET, JASPER, IN, 47546			
Owner JASON MCCOY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/07/2022
Owner's Address 13706 E 550 S, LOOGOOTEE, IN, 47553		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JASON MCCOY		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 ROBIN BROOKS 10-7-2026			

- 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 BRICK OVEN PIZZA / CHESTER CHICKEN		Telephone Number (812) 481-2766		Date of Inspection (mm/dd/yr) 01/19/2022		ID # 18	
Establishment Address (number and street, city, state, zip code) 1281 3RD AVENUE, JASPER, IN, 47546		(812) 309-2097					
Owner ROBERT KNIGHT		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 01/29/2022	
Owner's Address 13465 N SR 62, GENTRYVILLE, IN, 47537		<input type="checkbox"/> Follow-up		Summary of Violations:			
Person in Charge ROBERT KNIGHT		<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 Robert Knight 6-28-2023		<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"/>			

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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 BRICK OVEN PIZZA	Telephone Number () Establishment 812-683-2674	Date of Inspection (mm/dd/yr) 01/28/2022	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 02/07/2022
Owner's Address 604 E 6TH STREET, HUNTINGBURG, IN, 47542		Summary of Violations: C 3 NC 0 R 0	
Person in Charge Dennis R. Jackson		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Chris Stevens exp. 1/15/2024			

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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:	

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Establishment Name BUFFALO WINGS AND RINGS		Telephone Number (812) 482-9464 (812) 630-4169		Date of Inspection (mm/dd/yr) 01/31/2022	ID # 21
Establishment Address (number and street, city, state, zip code) 1910 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 02/10/2022
Owner MIKE WEYER				Summary of Violations: C <u>1</u> NC <u>1</u> R <u>2</u>	
Owner's Address P.O. BOX 667, JASPER, IN, 47547					
Person in Charge Ann Bennett					
Responsible Person's E-mail					
Certified Food Handler Ann Bennett exp. 1/23/2024				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"/>	

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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 BUNGALOW BAR	Telephone Number (219)-204-8655	Date of Inspection (mm/dd/yr) 01/14/2022	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 No	Release Date 01/24/2022
Owner's Address 213 Savannah Dr, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>1</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			

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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 CHICKEN PLACE, LLC.	Telephone Number () Establishment 812-482-7600 () Owner 812-639-2631	Date of Inspection (mm/dd/yr) 01/14/2022	ID # 28
Establishment Address (number and street, city, state, zip code) 4970 W ST. RD 56, JASPER, IN, 47546			
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	Release Date 01/24/2022
Owner's Address 7634 W 50 N, Velpen, IN, 47590		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KATHY RENNER		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 ECKERT exp. 12/13/23			

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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 CHINA WOK	Telephone Number (812) 683-8511	Date of Inspection (mm/dd/yr) 01/26/2022	ID # 30
Establishment Address (number and street, city, state, zip code) 317 E 4TH STREET, HUNTINGBURG, IN, 47542	(917) 915-9997		
Owner YAN XIANG CAI	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/05/2022
Owner's Address 317 E 4TH STREET, HUNTINGBURG, IN, 47542	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge YAN XIANG CAI	<input type="checkbox"/> Complaint	C <u>1</u> NC <u>1</u> R <u>2</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational	Menu Type (See additional page)	
Certified Food Handler GUO YUAN ZHU 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): 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) 01/12/2022	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 01/22/2022
Owner's Address	<input type="checkbox"/> Follow-up	Summary of Violations: C 3 NC 1 R 2	
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) _____		

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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 CELESTINE SUNOCO#57	Telephone Number (Establishment) 812-482-2707 (Owner) 812-634-1074	Date of Inspection (mm/dd/yr) 01/19/2022	ID # 37
Establishment Address (number and street, city, state, zip code) 6661 E ST. MARY STREET, CELESTINE, IN, 47521			
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 01/29/2022
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 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): 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. ANTHONY SUNOCO #58	Telephone Number (812) 326-2500 (513) 367-9900	Date of Inspection (mm/dd/yr) 01/19/2022	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 01/29/2022
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			

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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 LUBE WAY SUNOCO #56	Telephone Number (812) 634-7827	Date of Inspection (mm/dd/yr) 01/28/2022	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 02/07/2022
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>2</u> NC <u>3</u> R <u>3</u>	
Person in Charge HAWKSTONE ASSOCIATES IN/DBA TRUMPH ENERGY		Menu Type (See additional page)	
Responsible Person's E-mail		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div>	
Certified Food Handler RODNEY WELP 5/14/2024			

- 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 HAYSVILLE SUNOCO #54	Telephone Number () 812-695-2505	Date of Inspection (mm/dd/yr) 01/26/2022	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	Follow-up No	Release Date 02/05/2022
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBA TRIUMPH ENERGY	<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 CIRCLE "S" MART #32 (Huntingburg)	Telephone Number (812) 683-5003	Date of Inspection (mm/dd/yr) 01/05/2022	ID # 43
Establishment Address (number and street, city, state, zip code) 301 S. MAIN STREET, HUNTINGBURG, IN, 47542	(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 01/15/2022
Owner's Address P.O. BOX 39, TELL CITY, IN, 47586		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Brent 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 Rebecca Holloway 4/24/2023			

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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:	

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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) 01/14/2022	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 01/24/2022
Owner's Address P.O. BOX 39, TELL CITY, IN, 47586		Summary of Violations: C 1 NC 0 R 0	
Person in Charge ANGELA		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler ANGIE MOSEBY 4/24/2023			

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[illegible]

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

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Establishment Name CVS PHARMACY #6871 (FERDINAND)	Telephone Number (812)-367-2030	Date of Inspection (mm/dd/yr) 01/25/2022	ID # 49
Establishment Address (number and street, city, state, zip code) 20 INDUSTRIAL PARK DRIVE, FERDINAND, IN, 47532	Owner (401)-770-5324		
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 02/04/2022
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Anthony Castello		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): 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 #6881 (HUNTINGBURG)		Telephone Number (812) 683-3309 (401) 770-5324		Date of Inspection (mm/dd/yr) 01/24/2022	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 02/03/2022
Owner HOOK - SUPERX, LLC.				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895				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 ANTHONY CASTELLO					
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:	



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 DEB'S TRUCK STOP		Telephone Number (812-389-2290) (812-639-7526)		Date of Inspection (mm/dd/yr) 01/24/2022	ID # 54
Establishment Address (number and street, city, state, zip code) 502 W HWY 64 P.O. BOX 75, BIRDSEYE, IN, 47513		Owner DEBORAH D ERNST		Follow-up No	Release Date 02/03/2022
Owner's Address 25150 CHANDLER RD, BRISTOW, IN, 47515		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> 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>1</u> R <u>3</u>	
Person in Charge DEBORAH D ERNST		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 DEBORAH ERNST EXP. 7/9/2025					

• 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
191	C	R	Observed no dating system on ready to eat products for salad bar items, ex. cole slaw, tomatoes, lettuce.	02/03/2022
173	C	R	Observed meat being stored above ready to eat product in reach in freezer.	02/03/2022
295	C	R	Observed buildup of flour/dust/debris on shelves on kitchen prep tables, refrigerator and freezer handles throughout establishment.	02/03/2022
146	NC		All frozen meat coming into facility needs to have some sort of tracing and labeling system to identify product and when it was received.	07/25/2022
			Continue to work on cleaning of all hood exhaust vents	

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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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) 01/10/2022	ID # 55
Establishment Address (number and street, city, state, zip code) 3850 NEWTON STREET, JASPER, IN, 47546		Owner TLIN, LLC		Follow-up Yes	Release Date 01/20/2022
Owner's Address 2812 N Norwalk, Ste 131, MESA, AZ, 85215		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> 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>5</u> NC <u>4</u> R <u>7</u>	
Person in Charge Brett Huffman		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 Noah Stiles exp. 10/15/2026					

• 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
345	C	R	Observed handwashing sink being used for other purposes than handwashing.	01/20/2022
409	NC	R	Observed missing ceiling tiles by office.	07/11/2022
234	NC		Observed scooper for hash browns and ice cream to be in contact with food and not being stored properly.	07/11/2022
296	C	R	Observed food holding pans on cook line to be soiled and not being changed out on a regular basis.	01/20/2022
295	C	R	Observed clean dish storage containers to have buildup of dust/dirt/debris.	01/20/2022
310	NC		Observed dust/dirt/debris buildup on ceiling vents throughout kitchen.	07/11/2022
298	NC	R	Observed buildup of dust/dirt/debris on grills and microwaves on prep line and throughout the front of house on shelves and refrigerator doors.	07/11/2022
191	C	R	Observed several outdated product on prep line and coolers (steak, cheese, lunch meat, crepes) and several products not dated.	01/20/2022
204	C	R	Observed standing water in first cooling unit on prep line.	01/20/2022

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 DENNY'S #6878	Telephone Number () Establishment 812-482-6006	Date of Inspection (mm/dd/yr) 01/21/2022	ID # 55
Establishment Address (number and street, city, state, zip code) 3850 NEWTON STREET, JASPER, IN, 47546	() Owner 480-722-9196		
Owner TLIN, LLC	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 01/31/2022
Owner's Address 2812 N Norwalk, Ste 131, MESA, AZ, 85215		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Curstie Elmore		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Noah Stiles exp. 10/15/2026			

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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 #2144	Telephone Number (812-817-0005 (615-855-4000	Date of Inspection (mm/dd/yr) 01/24/2022	ID # 56
Establishment Address (number and street, city, state, zip code) 1710 N MAIN STREET, HUNTINGBURG, IN, 47542			
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 02/03/2022
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C 1 NC 0 R 0	
Person in Charge DOLGENCORP, LLC.		Menu Type (See additional page)	
Responsible Person's E-mail		<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
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 GENERAL STORE #2743	Telephone Number (Establishment) 812-481-2091 (Owner) 615-855-4000	Date of Inspection (mm/dd/yr) 01/28/2022	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 02/07/2022
Owner DOLGENCORP, LLC.		Summary of Violations: C 1 NC 0 R 1	
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Menu Type (See additional page) 1 0 3 4 5	
Person in Charge Ryan Wilcox			
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) 329-2650 (615) 855-4000	Date of Inspection (mm/dd/yr) 01/31/2022	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 02/10/2022
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge rebecca brown		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 DOLLAR TREE #01349	Telephone Number () Establishment 812-482-4497 () Owner 757-321-5000	Date of Inspection (mm/dd/yr) 01/26/2022	ID # 60
Establishment Address (number and street, city, state, zip code) 3601 NEWTON STREET, UNIT 101, JASPER, IN, 47546			
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 02/05/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C 3 NC 0 R 0	
Person in Charge BAILEY		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 DOMINO'S PIZZA	Telephone Number (812) 634-9897	Date of Inspection (mm/dd/yr) 01/31/2022	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	Follow-up No	Release Date 02/10/2022
Owner's Address 1044 WHITEOAK CT., LANESVILLE, IN, 47136	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge ANTHONY NEUKAM	<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 ANTHONY NEUKAM EXP 6/13/22	<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"
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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 MAGUEY GRILL	Telephone Number () Establishment 812-481-1799	Date of Inspection (mm/dd/yr) 01/10/2022	ID # 66
Establishment Address (number and street, city, state, zip code) 3570 N. NEWTON STREET, JASPER, IN, 47546	() Owner 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 01/20/2022
Owner's Address 8619 W. County Rd. 150 N, Richland, IN, 47634		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>2</u>	
Person in Charge Dagoberto lopez Mosqueon		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 DAGOBERTO MOSQUEDA 02/13/2025			

• **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 FAMILY DOLLAR #31267	Telephone Number (812) 817-3116 <small>(Ex. 123-4567)</small>	Date of Inspection (mm/dd/yr) 01/24/2022	ID # 69
Establishment Address (number and street, city, state, zip code) 2 E STATE ROAD 64, BIRDSEYE, IN, 47513	<small>() Owner</small> 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 02/03/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge tony D.M.			
Responsible Person's E-mail		Menu Type <i>(See additional page)</i> 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			

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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 FAMILY DOLLAR #29125	Telephone Number (812-817-3015)	Date of Inspection (mm/dd/yr) 01/24/2022	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 02/03/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>2</u>	
Person in Charge tony 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 GASLIGHT PIZZA & GRILL (PBTP INC)		Telephone Number (812) 683-3669		Date of Inspection (mm/dd/yr) 01/05/2022		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 No		Release Date 01/15/2022	
Owner's Address 917 SHELBY STREET, HUNTINGBURG, IN, 47542				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>			
Person in Charge JOHN P. SONGER				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 John P. Songer exp. 5/9/2022							

- 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:	



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Telephone 812-481-7055
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Establishment Name TIENDA MORA INCORPORATED		Telephone Number (812-684-0220) (812-309-0051)	Date of Inspection (mm/dd/yr) 01/26/2022	ID # 93
Establishment Address (number and street, city, state, zip code) 421 1/2 E 4TH STREET, HUNTINGBURG, IN, 47542		Owner JOSE MIRANDA	Follow-up No	Release Date 02/05/2022
Owner's Address 421 1/2 E 4TH 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) _____	Summary of Violations: C <u>4</u> NC <u>3</u> R <u>2</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"

Section#	C/NC	R	Narrative	To Be Corrected By
346	NC		Observed no hand soap readily available at handwashing sink.	07/26/2022
345	C		Observed broken water pipe to handwashing sink, not allowing employees to wash hands.	02/07/2022
409	NC		Observed missing ceiling tiles above handwashing sink.	07/26/2022
191	C	R	Observed expired steak meat and cheese in coolers for retail.	02/07/2022
418	NC		Observed personal food being stored next to ready to eat foods on shelf for retail in deli display cases.	07/26/2022
415	C		Observed mouse droppings on bottom shelf of prep table behind deli display cases.	02/07/2022
177	C	R	Observed produce for retail being stored directly on the floor of facility.	02/07/2022

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) 01/19/2022	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 01/29/2022
Owner's Address 535 E Medcalf, Dale, IN, 47523		Summary of Violations: C 2 NC 0 R 2	
Person in Charge Mark Reeder		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Mark Reeder exp. 7/21/2025			

- **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 HOLIDAY INN EXPRESS	Telephone Number (Establishment) 812-482-3344 (Owner) 770-904-5220	Date of Inspection (mm/dd/yr) 01/31/2022	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 02/10/2022
Owner MADHAVA PATEL		Summary of Violations: C <u>0</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"/>	

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 HONG KONG CHINESE RESTAURANT		Telephone Number (812) 634-1103 <small>(Ex. City/Number)</small> (859) 353-7820 <small>() Owner</small>		Date of Inspection (mm/dd/yr) 01/12/2022		ID # 100	
Establishment Address (number and street, city, state, zip code) 375 S US HWY 231, 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 01/22/2022	
Owner Zhou Wen Dong				Summary of Violations: C 4 NC 1 R 4			
Owner's Address 731 W 8th St, JASPER, IN, 47546				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"/>			
Person in Charge Zhou Wen Dong							
Responsible Person's E-mail							
Certified Food Handler Zhou Wen Dong exp 12/13/2024							

• **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 J. R. 'S BAR (TAYLOR MICHAELS INC)		Telephone Number (812) Establishment 812-482-9694		Date of Inspection (mm/dd/yr) 01/11/2022		ID # 110	
Establishment Address (number and street, city, state, zip code) 23 S. CLAY STREET, JASPER, IN, 47546		(812) Owner 812-639-3488					
Owner MICHAEL BECK		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 01/21/2022	
Owner's Address 1515 JACKSON ST. , JASPER, IN, 47546				Summary of Violations: C 1 NC 2 R 3			
Person in Charge MICHAEL BECK				Menu Type (See additional page) 1 2 3 4 5			
Responsible Person's E-mail							
Certified Food Handler Micheal Beck 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 JASPER SHONEY'S	Telephone Number (812) 481-1466	Date of Inspection (mm/dd/yr) 01/28/2022	ID # 116
Establishment Address (number and street, city, state, zip code) 25 INDIANA STREET, JASPER, IN, 47546	(270) 885-1115		
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 02/07/2022
Owner's Address 2919 FORT CAMPBELL BLVD., HOPKINSVILLE, KY, 42240		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>3</u>	
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			

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

- VIOLATION(S) REPEATED 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 JASPER SKATE PALACE, INC.		Telephone Number (812) 482-4565 (317) 224-7808		Date of Inspection (mm/dd/yr) 01/15/2022		ID # 117	
Establishment Address (number and street, city, state, zip code) 1013 4TH 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 01/25/2022	
Owner BRIAN AND STEPHANIE RAWLINS				Summary of Violations: C <u>1</u> NC <u>2</u> R <u>1</u>			
Owner's Address 1795 W. 5TH AVENUE, JASPER, IN, 47546							
Person in Charge amy schnarr							
Responsible Person's E-mail							
Certified Food Handler N/A				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):		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) 01/12/2022	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 No	Release Date 01/22/2022
Owner's Address 4655 Strickland Dr., Owensboro, KY, 42301		Summary of Violations: C <u>3</u> NC <u>0</u> R <u>1</u>	
Person in Charge SAI K. TAI		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 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): 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 LITTLE CAESARS PIZZA	Telephone Number (812) 556-5005	Date of Inspection (mm/dd/yr) 01/26/2022	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 02/05/2022
Owner's Address PO BOX 203, LAWRENCEVILLE, IL, 62439		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED 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 MAIN'S BAKERY	Telephone Number () Establishment () Owner 270-231-7478	Date of Inspection (mm/dd/yr) 01/14/2022	ID # 134
Establishment Address (number and street, city, state, zip code) 501 N WASHINGTON 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 01/24/2022
Owner JIM MAIN		Summary of Violations: C 1 NC 2 R 2	
Owner's Address 501 N WASHINGTON ST, HUNTINGBURG, IN, 47542		Menu Type (See additional page) 1 2 3 4 5	
Person in Charge JIM MAIN			
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
342	NC	R	Observed hand washing sink only reaching temperature of 63.5F.	07/14/2022
296	C	R	Observed buildup of food/dirt/debris throughout establishment, including donut cases, racks, prep tables and walls.	01/24/2022
310	NC		Observed buildup of dust/dirt/debris on hood exhaust vents.	07/14/2022
			Stated he has contacted his landlord for hot water issue	

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 MAMA T'S ITALIAN STEAK HOUSE		Telephone Number (812-661-6093)	Date of Inspection (mm/dd/yr) 01/15/2022	ID # 135
Establishment Address (number and street, city, state, zip code) 320 E. 4TH ST., HUNTINGBURG, IN, 47542		(812-661-6093)		
Owner BRANDON ACLES	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 01/25/2022	
Owner's Address 320 E. 4TH ST., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>		
Person in Charge BRANDON ACLES		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 Ohaniean 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	
			Recommend more lighting in the first soda and hand washing station	

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) <small>(Ex. City/State)</small>		Date of Inspection (mm/dd/yr) 01/21/2022		ID # 137	
Establishment Address (number and street, city, state, zip code) 4130 NEWTON STREET, JASPER, IN, 47546		(270-566-1749) <small>(Owner)</small>					
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 01/31/2022	
Owner's Address 3944 Fox Hollow Ct, JASPER, IN, 47546				Summary of Violations: C 0 NC 0 R 0			
Person in Charge Amanda Wertman				Menu Type <i>(See additional page)</i> 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail							
Certified Food Handler Amanda Wertman 3/21/2025							

• **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 MERKLEY AND SONS, INC.	Telephone Number () Establishment 812-482-7020	Date of Inspection (mm/dd/yr) 01/21/2022	ID # 140
Establishment Address (number and street, city, state, zip code) 3994 W 180 N, JASPER, IN, 47546	() Owner 812-630-5659		
Owner JAMES AND DAVID MERKLEY	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/31/2022
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		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
	<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"/>	
Certified Food Handler Michael Tubbs exp. 4/15/2024	<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 MI JALISCO	Telephone Number () 812-482-5263	Date of Inspection (mm/dd/yr) 01/10/2022	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 01/20/2022
Owner's Address 239 BADEN STRASSE, JASPER, IN, 47546		Summary of Violations: C 1 NC 4 R 0	
Person in Charge Miguel Casillas		Menu Type (See additional page) 1 2 3 4 5	
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):		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) 01/26/2022	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 02/05/2022
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):		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 () () () () () () 812-482-1166	Date of Inspection (mm/dd/yr) 01/31/2022	ID # 158
Establishment Address (number and street, city, state, zip code) 425 US HWY 231, JASPER, IN, 47546	() () () () () () 812-280-1101		
Owner CHC ENTERPRISES 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 02/10/2022
Owner's Address 300 SPRING ST., STE 3A, JEFFERSONVILLE, IN, 47130		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge ANDREW LUKE			
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 Andrew Luke exp. 5/7/2024			

• **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 SANDER PROCESSING	Telephone Number (812)-481-0044	Date of Inspection (mm/dd/yr) 01/19/2022	ID # 170
Establishment Address (number and street, city, state, zip code) 6614 E STATE ROAD 164, CELESTINE, IN, 47521	(812)-481-0044		
Owner CHRIS, Randy, Kent SANDER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/29/2022
Owner's Address 1121 N BEAVER LAKE RD, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Amy Berg		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 Amy Berg 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 SOUTHERN INDIANA BUTCHER SUPPLY	Telephone Number (812) 998-2277	Date of Inspection (mm/dd/yr) 01/14/2022	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 01/24/2022
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:	

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 #37170 -Lakshmi Inc. (@ Wal-Mart)	Telephone Number (812-634-9898)	Date of Inspection (mm/dd/yr) 01/21/2022	ID # 186
Establishment Address (number and street, city, state, zip code) 4040 N NEWTON STREET, JASPER, IN, 47546	(812-661-9658)		
Owner RINA AND 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 01/31/2022
Owner's Address 3289 ST. CHARLES STREET, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge RINA AND PRAVEZ SHARMA		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Pravez Sharma exp. 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) 01/28/2022		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 02/07/2022	
Owner's Address 2006 N Irvine Ct, HUNTINGBURG, IN, 47542				Summary of Violations: C 0 NC 0 R 0			
Person in Charge Teresa Bounds				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
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):		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 (Owner) 812-482-5010	Date of Inspection (mm/dd/yr) 01/11/2022	ID # 204
Establishment Address (number and street, city, state, zip code) 3131 Newton 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 01/21/2022
Owner MEMBERS OF CLUB		Summary of Violations: C 0 NC 0 R 0	
Owner's Address 3131 NEWTON STREET, JASPER, IN, 47546		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Person in Charge nancy drew			
Responsible Person's E-mail 			
Certified Food Handler NANCY DREW 11/21/2025			

- 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 WALGREENS #10340	Telephone Number () Est./Owner 812-481-1513 847-527-4208	Date of Inspection (mm/dd/yr) 01/26/2022	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 02/05/2022
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 Elizabeth A Cowley		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 WALMART #870	Telephone Number () 812-634-1233	Date of Inspection (mm/dd/yr) 01/21/2022	ID # 207
Establishment Address (number and street, city, state, zip code) 4040 N NEWTON STREET, JASPER, IN, 47546	() 479-204-9864		
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 01/31/2022
Owner's Address 702 SW 8TH STREET, DEPT 8916, BENTONVILLE, AR, 72716-0500		Summary of Violations: C 1 NC 1 R 0	
Person in Charge WAL-MART STORES EAST, LP		Menu Type (See additional page) 1 2 3 4 5	
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”
- VIOLATION(S) REPEATED 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 WENDY'S #83680	Telephone Number (812) 367-0594	Date of Inspection (mm/dd/yr) 01/14/2022	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 01/24/2022
Owner's Address 5856 CORPORATE AVE. STE 200, CYPRESS, CA, 90630		Summary of Violations: C 0 NC 1 R 1	
Person in Charge Rhonda		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
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 YOUNG MEN'S INSTITUTE COUNCIL #497		Telephone Number (812) 683-2497		Date of Inspection (mm/dd/yr) 01/05/2022		ID # 216	
Establishment Address (number and street, city, state, zip code) 421 N. VAN BUREN STREET, HUNTINGBURG, IN, 47542		() Owner 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 01/15/2022	
Owner's Address P.O. BOX 55, HUNTINGBURG, IN, 47542				Summary of Violations: C 1 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): 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 CHRISTIAN MINISTRIES OF HUNTINGBURG, INC.	Telephone Number (812) 683-5490	Date of Inspection (mm/dd/yr) 01/11/2022	ID # 220
Establishment Address (number and street, city, state, zip code) 321 E 4TH STREET, HUNTINGBURG, IN, 47542	(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 01/21/2022
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WILLIAM COVEY		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) 01/10/2022		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 01/20/2022	
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 <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 Dollar General Store #18995	Telephone Number (812) 329-2285 (615) 855-4000	Date of Inspection (mm/dd/yr) 01/26/2022	ID # 304
Establishment Address (number and street, city, state, zip code) 106 S. Main St., Huntingburg, IN, 47542			
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 02/05/2022
Owner's Address 106 S. Main St., Huntingburg, IN, 47542		Summary of Violations: C 1 NC 0 R 0	
Person in Charge Tammy Fiske		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”**

• VIOLATION(S) REPEATED 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 WINGS, ETC	Telephone Number (812) 430-6125	Date of Inspection (mm/dd/yr) 01/12/2022	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 checked="" type="checkbox"/> Routine	Follow-up No	Release Date 01/22/2022
Owner's Address	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in Charge TROY	<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 THERESA COULTAS 3/27/2025	<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 FASTTRACK 500	Telephone Number (917)-369-0746	Date of Inspection (mm/dd/yr) 01/24/2022	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 02/03/2022
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):		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 GG'S PIZZA LLC	Telephone Number () Establishment 812-482-9006	Date of Inspection (mm/dd/yr) 01/13/2022	ID # 384
Establishment Address (number and street, city, state, zip code) 3561 NEWTON STREEET, JASPER, IN, 47546	() Owner 812-630-8538		
Owner KYLA GOLLER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/23/2022
Owner's Address 7340 N 150 W, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KYLA GOLLER		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 JENNY GOLLER 9-17-23			

• **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:	

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) 01/15/2022	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	Release Date 01/25/2022
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			
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 KELLEY SCHIPP exp. 10/14/2024			

• **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): 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) 684-9449	Date of Inspection (mm/dd/yr) 01/05/2022	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 01/15/2022
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”**

• VIOLATION(S) REPEATED 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 MI PAIS MARKET	Telephone Number (812) 470-6776	Date of Inspection (mm/dd/yr) 01/05/2022	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 01/15/2022
Owner's Address 209 E 1st Ave, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge JOSE FLORES		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 Herrera 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): 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 (930) 233-0350 (615) 855-4000	Date of Inspection (mm/dd/yr) 01/19/2022	ID # 434
Establishment Address (number and street, city, state, zip code) 255 N CELESTINE RD. S, CELESTINE, IN, 47521			
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 01/29/2022
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge DOLGENCORP, LLC		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 SANDER FAMILY MEAT MARKET	Telephone Number (812) 326-1001 (812) 326-1001	Date of Inspection (mm/dd/yr) 01/19/2022	ID # 437
Establishment Address (number and street, city, state, zip code) 4650 S CROSS STREET, SAINT ANTHONY, IN, 47575			
Owner KENT SANDER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/29/2022
Owner's Address 4757 Deer Trail, Huntingburg, IN, 47542		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 <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 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): 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 C and C Charcuterie, LLC	Telephone Number (270-570-5731)	Date of Inspection (mm/dd/yr) 01/05/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/15/2022
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 Emerald Greens Jasper	Telephone Number (Establishment) 773-759-9827	Date of Inspection (mm/dd/yr) 01/14/2022	ID # 458
Establishment Address (number and street, city, state, zip code) 1639 Gun Club Rd, Jasper, IN, 47546	(Owner) 773-759-9827		
Owner Barry Dunlop	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 01/24/2022
Owner's Address 1639 Gun Club Rd, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge 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 Dunlop			

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

• VIOLATION(S) REPEATED 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 Cuzco Auction House	Telephone Number (812) 351-1414	Date of Inspection (mm/dd/yr) 01/26/2022	ID # 459
Establishment Address (number and street, city, state, zip code) 6392 N Cuzco Rd N, Dubois, IN, 47527	(812) 351-1414		
Owner Curtis Hall	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 02/05/2022
Owner's Address 6605 Cuzco Rd N, French Lick, IN, 47432		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Curtis Hall		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:	

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 () Owner 812-536-3096	Date of Inspection (mm/dd/yr) 02/08/2022	ID # 4
Establishment Address (number and street, city, state, zip code) 508 W MAIN STREET, 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 02/18/2022
Owner MEMBERS OF THE HOLLAND AMERICAN LEGION		Summary of Violations: C 1 NC 1 R 1	
Owner's Address P.O. BOX 73, HOLLAND, IN, 47541			
Person in Charge Roxanne Sherman			
Responsible Person's E-mail			
Certified Food Handler ROXANNE SHERMAN 11/21/2025		Menu Type (See additional page) 1 2 3 4 5	

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

• VIOLATION(S) REPEATED 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) 02/08/2022	ID # 14
Establishment Address (number and street, city, state, zip code) 402 E. MAIN ST., HOLLAND, IN, 47541	(812) 536-3233		
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 02/18/2022
Owner's Address P.O. 6277 W 1025 S, HOLLAND, IN, 47541		Summary of Violations: C 0 NC 0 R 0	
Person in Charge BECKY BLESCH		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”
- VIOLATION(S) REPEATED 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 CATERING BY MEYER	Telephone Number (812) 367-1690	Date of Inspection (mm/dd/yr) 02/14/2022	ID # 20
Establishment Address (number and street, city, state, zip code) 6655 S. OLD STATE RD 162, HUNTINGBURG, IN, 47542	(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 02/24/2022
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 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JARED 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): 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 BUTCHIE'S WESTERN SALOON & FAMILY RESTAURANT	Telephone Number (812) 678-2591	Date of Inspection (mm/dd/yr) 02/18/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/28/2022
Owner's Address PO Box 6, DUBOIS, IN, 47527		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge BUTCHIE		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 DIANA TERWISKE EXP 3/13/22			

- 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 CASEY'S GENERAL STORE #3504		Telephone Number (812)-367-0872		Date of Inspection (mm/dd/yr) 02/28/2022		ID # 26	
Establishment Address (number and street, city, state, zip code) 2245 MAIN STREET, FERDINAND, IN, 47532		Owner CASEY'S MARKETING COMPANY		Follow-up No		Release Date 03/10/2022	
Owner's Address PO BOX 3001, ANKENY, IA, 50021		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge Tamara Wire		<input type="checkbox"/> Follow-up					
Responsible Person's E-mail		<input type="checkbox"/> Complaint		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 Tamara Wire exp. 10/28/26		<input type="checkbox"/> Pre-Operational					
		<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 GI #821	Telephone Number (812) 678-5295	Date of Inspection (mm/dd/yr) 02/18/2022	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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/28/2022
Owner's Address 1806 N FRANKLIN ST, TAMPA, FL, 33602		Summary of Violations: C 0 NC 0 R 0	
Person in Charge GIANT INDIANA LLC		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”
- VIOLATION(S) REPEATED 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 WESTSIDE DAIRY QUEEN & OJ	Telephone Number () Establishment 812-482-2766	Date of Inspection (mm/dd/yr) 02/17/2022	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 02/27/2022
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 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
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):		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) 02/23/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 03/05/2022
Owner's Address 2011 Anderson Road, Newburgh, IN, 47630		Summary of Violations: C 0 NC 0 R 0	
Person in Charge MARY KLEM		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
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): 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 EASTOWN RECREATION CENTER INC.		Telephone Number (812) 481-2695 () Owner 812-481-2695		Date of Inspection (mm/dd/yr) 02/16/2022	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 02/26/2022
Owner PAUL AND SUSAN LEMOND				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner's Address P.O. BOX 701, JASPER, IN, 47547					
Person in Charge PAUL AND SUSAN LEMOND					
Responsible Person's E-mail					
Certified Food Handler Susan Lemond exp. 10/8/2025				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"/>	

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

• VIOLATION(S) REPEATED 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) 02/02/2022	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 02/12/2022
Owner's Address 3145 E FERDINAND RD. E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge PAUL AND PAULA GOGEL		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 Sicard exp. 7/25/2022			

- 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 HAMPTON INN	Telephone Number () Establishment 812-481-1888 () Owner 812-630-1355	Date of Inspection (mm/dd/yr) 02/23/2022	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 03/05/2022
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): 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		Date of Inspection (mm/dd/yr) 02/02/2022		ID # 88	
Establishment Address (number and street, city, state, zip code) 726 SECOND STREET, JASPER, IN, 47546		() Owner (877)-312-4287					
Owner Starcorp, 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 02/12/2022	
Owner's Address 702 E Osborn Rd Ste 100, Phoenix, AZ, 85014				Summary of Violations: C 0 NC 0 R 0			
Person in Charge LISA SMITH				Menu Type (See additional page) 1 2 3 4 5			
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): 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) 02/28/2022	ID # 94
Establishment Address (number and street, city, state, zip code) 1815 MAIN STREET, FERDINAND, IN, 47532	(812) 660-0608		
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 03/10/2022
Owner's Address 353 E Medcalf, Dale, IN, 47523		Summary of Violations: C 3 NC 3 R 1	
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):		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 SLAMMERS OF DUBOIS, INC.	Telephone Number (812) 678-2772	Date of Inspection (mm/dd/yr) 02/18/2022	ID # 103
Establishment Address (number and street, city, state, zip code) 5416 E MAIN STREET, DUBOIS, IN, 47527	(812) 631-2973		
Owner Chad Persch	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/28/2022
Owner's Address 7265 E Schnellville Rd, Schnellville, IN, 47580		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Chad Persch		Menu Type (See additional page) 1 0 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Madison Voegerl exp 12/19/2024			

- 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 HUCK'S #286	Telephone Number () 812-481-1016	Date of Inspection (mm/dd/yr) 02/02/2022	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 02/12/2022
Owner's Address 1311A W MAIN STREET, CARMIL, IL, 62821		Summary of Violations: C 0 NC 1 R 0	
Person in Charge Jennifer Hoffman		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Jennifer Hoffman exp. 1/19/2026			

• **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:	



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 #339		Telephone Number (812-683-5566)	Date of Inspection (mm/dd/yr) 02/09/2022	ID # 105
Establishment Address (number and street, city, state, zip code) 601 N MAIN STREET, HUNTINGBURG, IN, 47542		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 Yes	Release Date 02/19/2022
Owner's Address 1311A W MAIN STREET, CARMi, IL, 62821		Summary of Violations: C 3 NC 2 R 3		
Person in Charge Jessie Priller		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0		
Responsible Person's E-mail				
Certified Food Handler Jessie Priller exp. 01/19/2026				

• 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
192	C	R	Observed several items (milk, hard boiled eggs and ready to eat foods) in coolers for retail.	02/17/2022
217	NC		Observed several broken or cracked food storage containers.	08/08/2022
310	NC	R	Observed build of dust/dirt/debris on ceiling vents in kitchen area.	08/08/2022
295	C	R	Observed buildup of dust/dirt/debris on racks in walk-in cooler and rack outside of cooler with storage containers on them.	02/17/2022
415	C		Observed live cockroaches on the drink station counter and in walk-in cooler.	02/17/2022

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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) 02/18/2022	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 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 02/28/2022
Owner's Address 1311A W MAIN STREET, CARMi, IL, 62821		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jessie Priller		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 Jessie Priller exp. 01/19/2026			

- 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 HUNTINGBURG COUNTRY CLUB INC.		Telephone Number (812) 683-3376		Date of Inspection (mm/dd/yr) 02/23/2022		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 03/05/2022	
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 Ann Bennett				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 Ohanian exp 1/19/2024							

- 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 JASPER MARATHON (D-ROCK INC)		Telephone Number (812) 482-5259 (812) 486-7134		Date of Inspection (mm/dd/yr) 02/23/2022		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 03/05/2022	
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):		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 MOOSE LODGE #1175	Telephone Number (Establishment) 812-482-2000	Date of Inspection (mm/dd/yr) 02/07/2022	ID # 115
Establishment Address (number and street, city, state, zip code) 2507 NEWTON STREET, JASPER, IN, 47546	(Owner) 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 02/17/2022
Owner's Address 2507 NEWTON STREET, JASPER, IN, 47546		Summary of Violations: C 0 NC 1 R 0	
Person in Charge BRIAN L WININGER		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Edwin Chandler 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): 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 (Establishment) 812-482-4292	Date of Inspection (mm/dd/yr) 02/11/2022	ID # 118
Establishment Address (number and street, city, state, zip code) 201 E 30th STREET, JASPER, IN, 47546	(Owner) 812-482-4292		
Owner MEMBERS OF THE CLUB	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 02/21/2022
Owner's Address 201 E 30TH STREET, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge Keith Schroeder	<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 CHRISTOPHER GENCO 11/19/2024	<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): 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) 02/17/2022	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 02/27/2022
Owner DAN SMITH		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Owner's Address 8823 S CO RD 775 E, STENDAL, IN, 47585		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 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 LOS DOS CHARROS MEXICAN RESTAURANT		Telephone Number (812) 683-5724		Date of Inspection (mm/dd/yr) 02/09/2022		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 02/19/2022	
Owner RAMIRO LEON		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C <u>3</u> NC <u>3</u> R <u>2</u>			
Owner's Address 1027 RACE ST, HUNTINGBURG, IN, 47542		<input type="checkbox"/> Follow-up					
Person in Charge RAMIRO LEON		<input type="checkbox"/> Complaint		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		<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) _____					

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

• VIOLATION(S) REPEATED 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 MY JALAPENO INC.		Telephone Number (812-683-4048)		Date of Inspection (mm/dd/yr) 02/09/2022	ID # 148
Establishment Address (number and street, city, state, zip code) 1107 N MAIN STREET, HUNTINGBURG, IN, 47542		(706-224-9912)			
Owner SUSAN RAMIREZ		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No	Release Date 02/19/2022
Owner's Address 240 Creek Drive, HULL, GA, 30646				Summary of Violations: C <u>1</u> NC <u>4</u> R <u>2</u>	
Person in Charge SUSAN RAMIREZ				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 Javier RAMIREZ EXP. 1/21/2026					

• 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
199	NC	R	Observed frozen meat thawing at room temperature instead of under running water.	Corrected
146	NC	R	Observed foods being stored in unapproved containers in freezer.	08/09/2022
218	NC		Observed deep freezer to be in need of repair (broken gasket, door not closing properly).	08/09/2022
411	NC		Observed dim lighting in walk-in cooler.	08/09/2022
438	C		Observed spray bottle of cleaning solution not properly labeled.	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 QUALITY INN	Telephone Number () 812-683-2334	Date of Inspection (mm/dd/yr) 02/23/2022	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 03/05/2022
Owner's Address 2011 ANDERSON RD., NEWBURGH, IN, 47630	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SAM	<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 RITA MODY 10/16/2023	<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): 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 RULER #261	Telephone Number () Establishment 812-481-0030 () Owner 615-232-9812	Date of Inspection (mm/dd/yr) 02/01/2022	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 02/11/2022
Owner's Address PO BOX 105103, NASHVILLE, TN, 37230		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge VICTOR SCHEPERS		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 JORY COVEY 10-30-2024			

- 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 SPUDS FOOD MART	Telephone Number () 812-482-7031	Date of Inspection (mm/dd/yr) 02/02/2022	ID # 180
Establishment Address (number and street, city, state, zip code) 4953 STATE ROAD 56, JASPER, IN, 47546	() 812-639-0113		
Owner Brooke Sermersheim	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/12/2022
Owner's Address 3477 N 600 W, 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 checked="" 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 ST BENEDICT'S BREW WORKS	Telephone Number (812) 998-2337	Date of Inspection (mm/dd/yr) 02/02/2022	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 02/12/2022
Owner's Address 13758 E CR 1225 N, EVANSTON, IN, 47531		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</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 TRIPLE M ICE	Telephone Number (812) 827-0359	Date of Inspection (mm/dd/yr) 02/07/2022	ID # 201
Establishment Address (number and street, city, state, zip code) 405 S PARK DRIVE, HUNTINGBURG, IN, 47542	(812) 827-0359		
Owner BRAD PETER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 02/17/2022
Owner's Address 3656 W. Holland Road E., Huntingburg, IN, 47541		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRAD PETER		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 WINFIELD WEST BED AND BREAKFAST	Telephone Number (812) 556-0111	Date of Inspection (mm/dd/yr) 02/01/2022	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 02/11/2022
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 12/15/2025			

- 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) 02/14/2022	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 02/24/2022
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): 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) 482-3522		Date of Inspection (mm/dd/yr) 02/10/2022		ID # 224	
Establishment Address (number and street, city, state, zip code) 255 Brucke Strass, Jasper, IN, 47546		(812) 482-3522					
Owner DUBOIS COUNTY SECURITY CENTER		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 02/20/2022	
Owner's Address				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge JOANN SCHNARR				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 Brenda Dotterweich exp. 8/6/2024							

- **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 DUBOIS ELEMENTARY	Telephone Number (812) 678-2251	Date of Inspection (mm/dd/yr) 02/18/2022	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 02/28/2022
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 Krystal Mann exp. 7/27/2026			

- 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 MIDDLE SCHOOL	Telephone Number (812) 678-2251	Date of Inspection (mm/dd/yr) 02/18/2022	ID # 226
Establishment Address (number and street, city, state, zip code) 4550 N FOURTH 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 02/28/2022
Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527		Summary of Violations: C 0 NC 0 R 0	
Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Patty Englert exp. 7/24/2023			

• **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 FERDINAND ELEMENTARY SCHOOL	Telephone Number (812)-817-0900	Date of Inspection (mm/dd/yr) 02/28/2022	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 03/10/2022
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):		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 FOREST PARK JR-SR HIGH SCHOOL	Telephone Number (812) 367-1831	Date of Inspection (mm/dd/yr) 02/28/2022	ID # 229
Establishment Address (number and street, city, state, zip code) 1440 Michigan 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 03/10/2022
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 Lisa Fletcher		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 Christine Sisk exp 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):		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 ELEMENTARY SCHOOL		Telephone Number (812) 536-2441 (812) 683-3971		Date of Inspection (mm/dd/yr) 02/08/2022		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 02/18/2022	
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				Menu Type (See additional page) 1 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>			
Person in Charge MELINDA KAMMAN							
Responsible Person's E-mail							
Certified Food Handler Karen Reinhart 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): 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 CENTRAL CAMPUS (@ Precious Blood)		Telephone Number (812) 482-4461		Date of Inspection (mm/dd/yr) 02/14/2022		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 02/24/2022	
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 <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 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): 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 EAST CAMPUS (@ Holy Family)		Telephone Number (812) 482-4485 () Owner 812-482-4485		Date of Inspection (mm/dd/yr) 02/14/2022		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 02/24/2022	
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 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Person in Charge GAIL FLANNAGAN							
Responsible Person's E-mail							
Certified Food Handler Amber Huckley exp. 8/7/2023							

- 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 (Establishment) 812-683-1172	Date of Inspection (mm/dd/yr) 02/23/2022	ID # 233
Establishment Address (number and street, city, state, zip code) 501 W SUNSET DRIVE, HUNTINGBURG, IN, 47542	(Owner) 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 03/05/2022
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): 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 IRELAND ELEMENTARY SCHOOL	Telephone Number (Establishment) 812-482-7751	Date of Inspection (mm/dd/yr) 02/14/2022	ID # 234
Establishment Address (number and street, city, state, zip code) 4940 W SOUTH 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 02/24/2022
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 LaDonna Werner		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 5/8/2023			

- 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):		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 CHRISTIAN ACADEMY	Telephone Number (812) 634-2406	Date of Inspection (mm/dd/yr) 02/10/2022	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 02/20/2022
Owner's Address		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge TINA EASON		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 Connie Green exp. 12/21/2026			

- **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 JASPER HIGH SCHOOL	Telephone Number (Establishment) 812-482-6050	Date of Inspection (mm/dd/yr) 02/16/2022	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 02/26/2022
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.11/20/2023			

- 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): 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 MIDDLE SCHOOL	Telephone Number (Establishment) 812-482-6454	Date of Inspection (mm/dd/yr) 02/16/2022	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 02/26/2022
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. 11/18/2025			

- 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 NORTHEAST DUBOIS HIGH SCHOOL	Telephone Number (812) 678-2251	Date of Inspection (mm/dd/yr) 02/18/2022	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 02/28/2022
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 exp. 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): 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 PINE RIDGE ELEMENTARY SCHOOL	Telephone Number (812) 326-2324 <small>(See comments)</small>	Date of Inspection (mm/dd/yr) 02/25/2022	ID # 244
Establishment Address (number and street, city, state, zip code) 4613 S. Pine Ridge Rd., Birdseye, IN, 47532	(812) 817-0900 <small>(Owner)</small>		
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 03/07/2022
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 MELINDA GUTGSELL		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 Melinda Gutgsell exp 11/11/2022			

- 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): 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 SISTERS OF SAINT BENEDICT	Telephone Number (812) 367-1411	Date of Inspection (mm/dd/yr) 02/02/2022	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 02/12/2022
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 <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 Kris Lasher exp 4/20/2026			

- 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 SOUTHRIDGE HIGH SCHOOL	Telephone Number (812) 683-2272	Date of Inspection (mm/dd/yr) 02/23/2022	ID # 247
Establishment Address (number and street, city, state, zip code) 1110 S MAIN ST, HUNTINGBURG, IN, 47542	(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 03/05/2022
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 exp. 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): 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 SOUTHRIDGE MIDDLE SCHOOL	Telephone Number (Establishment) 812-683-2272	Date of Inspection (mm/dd/yr) 02/23/2022	ID # 248
Establishment Address (number and street, city, state, zip code) 1112 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 03/05/2022
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 OraLee Cotton exp. 6/15/2026			

- **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 MEMORIAL HOSPITAL	Telephone Number (812) 996-0519 () Owner	Date of Inspection (mm/dd/yr) 02/28/2022	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 03/10/2022
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:	



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

Establishment Name FAIRFIELD INN & SUITES JASPER		Telephone Number (812) 250-5155 () Owner		Date of Inspection (mm/dd/yr) 02/01/2022		ID # 335	
Establishment Address (number and street, city, state, zip code) 333 RIVER CENTRE LANDING, 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 02/11/2022	
Owner RIVER CENTRE DEVELOPERS LLC				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Owner's Address							
Person in Charge Vanessa Dilly							
Responsible Person's E-mail							
Certified Food Handler Vanessa Dilly exp, 12/15/2026		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"/>					

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 AZUL TEQUILA		Telephone Number (812-482-7550) () Owner	Date of Inspection (mm/dd/yr) 02/16/2022	ID # 385
Establishment Address (number and street, city, state, zip code) 101 PLACE RD., 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 Yes	Release Date 02/26/2022
Owner SERGIO FLORES			Summary of Violations: C <u>4</u> NC <u>2</u> R <u>0</u>	
Owner's Address 101 PLACE RD., JASPER, IN, 47546				
Person in Charge SERGIO FLORES				
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 OSCAR FLORES 1/23/2025				

• 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
177	C		Observed containers of shrimp and marinating meat on the floor in the walk-in cooler. Single door refrigerator on kitchen cook line had raw eggs above ready to eat queso. Multiple items stored in walk-in refrigerator without covers during non-peak hours.	02/28/2022
234	NC		Observed several bulk items with scoops without handles.	08/16/2022
191	C		Observed multiple containers in walk-in cooler without dates.	02/28/2022
217	NC		Observed food in stand up freezer being stored in unapproved containers (grocery bags).	02/28/2022
187	C		Observed ingredients on table side guacamole cart temping at 54.5 degrees.	02/28/2022
189	C		Observed prepared foods (beans, rice and meats) being cooled at room temperature in large pans.	02/28/2022
			Will call owner to discuss alternative ways of cooling foods	

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



Retail Food Establishment Inspection Report

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SDH Form 51-0001

Dubois County Health Department
Telephone 812-481-7055
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name AZUL TEQUILA	Telephone Number (812-482-7550) () Owner	Date of Inspection (mm/dd/yr) 02/28/2022	ID # 385
Establishment Address (number and street, city, state, zip code) 101 PLACE RD., JASPER, IN, 47546			
Owner SERGIO FLORES	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 03/10/2022
Owner's Address 101 PLACE RD., JASPER, IN, 47546		Summary of Violations: C <u>3</u> NC <u>0</u> R <u>3</u>	
Person in Charge SERGIO FLORES		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 OSCAR FLORES 1/23/2025			

• 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
177	C	R	Observed several containers of meat being stored on the floor in walk-in cooler. Observed several containers of prepared foods being stored in walk-in cooler without covers during non-peak hours.	03/10/2022
191	C	R	Observed several containers of food products in walk-in cooler without dates.	03/10/2022
189	C	R	Observed large batches of food being cooled at room temperature.	03/10/2022
			Owner was present for follow-up inspection	

Received by (name and title printed):	Inspected by (name and title printed): KyMBERLEE
Received by (signature):	Inspected by (signature):
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 APRON STRINGS CUSTOM BAKING		Telephone Number (812)-639-7016		Date of Inspection (mm/dd/yr) 02/25/2022		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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 03/07/2022	
Owner's Address 2080 E STATE RD 64, HUNTINGBURG, IN, 47542				Summary of Violations: C 0 NC 0 R 0			
Person in Charge MARILYN HOPF				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail							
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): KyMBERLEE	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Retail Food Establishment Inspection Report

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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) <small>(Business)</small>		Date of Inspection (mm/dd/yr) 02/01/2022	ID # 397
Establishment Address (number and street, city, state, zip code) 1205 N. MAIN ST., HUNTINGBURG, IN, 47542		Telephone Number (812-309-0053) <small>(Owner)</small>			
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 02/11/2022
Owner's Address 310 20 ST, huntingburg, IN, 47542				Summary of Violations: C 4 NC 2 R 1	
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 OSCAR FLORES 1-23-2025					

• 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
234	NC		Bulk spice containers have scoopers without handles	08/01/2022
438	C		Multiple spray bottles around the facility containing chemicals	
			are not labeled	02/11/2022
173	C		Raw eggs in walk in fridge being stored above ready to eat food	02/11/2022
177	C		Multiple items being stored in the walk in fridge without any	02/11/2022
			type of lids(bears, cheese, salsa rice ect.)	
191	C	R	Multiple ready to eat product being stored in the walk in fridge	02/11/2022
			without dates showing either when the were made or when	
			they expire(salsa, cheese ect.)	
346	NC		Hand sink located by mop sink did not have any soap for employees	08/01/2022
			to properly wash their hands	

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 One Moore Bar & Grill	Telephone Number (812) 678-2491	Date of Inspection (mm/dd/yr) 02/18/2022	ID # 413
Establishment Address (number and street, city, state, zip code) 4492 E 4th St, Dubois, IN, 47527	(812) Owner 678-2506		
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 02/28/2022
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): 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 CHICK-FIL-A FOOD TRUCK LOUISVILLE		Telephone Number (502) 536-5146		Date of Inspection (mm/dd/yr) 02/01/2022		ID # 419	
Establishment Address (number and street, city, state, zip code) 7405 LAGRANGE RD, LOUISVILLE, KY, 40222		Owner (502) 751-7058					
Owner BRUCE SMITH		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 02/11/2022	
Owner's Address 13901 RIVER GLEN LN, PROSPECT, KY, 40059				Summary of Violations: C 0 NC 0 R 0			
Person in Charge BRUCE SMITH				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail _____							
Certified Food Handler NICHOLAS SMITH 09-06-2026							

- 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 SONIC	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 02/11/2022	ID # 424
Establishment Address (number and street, city, state, zip code) 580 Hoffman Rd, JASPER, IN, 47546	() Owner 417-324-7768		
Owner North Fork Holdings LLC/Jacob Stauffer	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 02/21/2022
Owner's Address 1598 Imperial Center Ste 2008, West Plains, MO, 65775		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge North Fork Holdings LLC/Jacob Stauffer		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 Rick Faulkner exp. 4/24/2022			

• **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): Christina Pierini	
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 TRES AGAVES MEXICAN GRILL	Telephone Number (812) 998-2033	Date of Inspection (mm/dd/yr) 03/18/2022	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 03/28/2022
Owner's Address 206 CRESTMONT DRIVE, VINCENNES, IN, 47591		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>1</u>	
Person in Charge LAURA VAZQUEZ			
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 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):		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 BIRDSEYE DAIRY BARN	Telephone Number (812) 389-2220	Date of Inspection (mm/dd/yr) 03/18/2022	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 No	Release Date 03/28/2022
Owner's Address 20847 OLD STATE RD 37, BRANCHVILLE, IN, 47514		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Person in Charge DERRICK & FELISSA CHANLEY		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 felissa chanley 3/3/2025			

- 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): 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 WINDMILL CHILL LLC	Telephone Number (812) 536-2176	Date of Inspection (mm/dd/yr) 03/23/2022	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 04/02/2022
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): 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 GULF COAST CONNECTION/ABSeafood		Telephone Number (251)-442-4899		Date of Inspection (mm/dd/yr) 03/25/2022		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 04/04/2022	
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>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 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): 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 KIM'S KOFFEE	Telephone Number (812) 684-8079	Date of Inspection (mm/dd/yr) 03/25/2022	ID # 356
Establishment Address (number and street, city, state, zip code) 410 E 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 04/04/2022
Owner's Address 6824 S 400 W , HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ASHLIE KERR		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 CHAD BRIAN exp. 2/21/2023			

- 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): 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 LAZER FOOD SERVICE INC.	Telephone Number (812) 683-4200	Date of Inspection (mm/dd/yr) 03/25/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/04/2022
Owner's Address 1410 N. MICHIGAN ST., STORM LAKE, IA, 50588		Summary of Violations: C 1 NC 0 R 0	
Person in Charge LAZER FOOD SERVICE, INC.		Menu Type (See additional page) 1 2 3 4 5	
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): 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 TOM'S TRAVELING COFFEE TRUCK	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) 03/10/2022	ID # 433
Establishment Address (number and street, city, state, zip code) 1911 BELL RD., CHANDLER, IN, 47610	() Owner		
Owner DEREK & DEAN TAYLOR	Purpose: <input type="checkbox"/> Routine	Follow-up No	Release Date 03/20/2022
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		
	<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”
- VIOLATION(S) REPEATED 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 EMERALD GREENS JASPER (MOBILE FOOD UNIT)	Telephone Number 773-759-9827	Date of Inspection (mm/dd/yr) 03/08/2022	ID # 467
Establishment Address (number and street, city, state, zip code) 1639 GUN CLUB RD, JASPER, IN, 47546	Owner 773-759-9827		
Owner BARRY DUNLOP	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 03/18/2022
Owner's Address 1639 GUN CLUB RD, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge 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 DUNLOP			

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

- VIOLATION(S) REPEATED 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 124 (FERDINAND)	Telephone Number (812) 367-1241	Date of Inspection (mm/dd/yr) 04/27/2022	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 05/07/2022
Owner's Address 425 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C 1 NC 0 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 Patricia Altman exp 06/20/2024			

• **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 CHOCOLATE BLISS	Telephone Number () Establishment 812-482-1617 () Owner 812-631-0190	Date of Inspection (mm/dd/yr) 04/18/2022	ID # 32
Establishment Address (number and street, city, state, zip code) 110 E 5th STREET, JASPER, IN, 47546			
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 04/28/2022
Owner's Address 338 DAISY LANE, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge ANN KNIES		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Ann Knies exp. 9/27/2026			

- 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 FERDINAND-TOWN SUNOCO #59	Telephone Number (812) 367-2666	Date of Inspection (mm/dd/yr) 04/27/2022	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 05/07/2022
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 cassandra hill 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 FERINAND-INTERSTATE SUNOCO #60	Telephone Number (812) 367-1138	Date of Inspection (mm/dd/yr) 04/27/2022	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 05/07/2022
Owner's Address 9171 DRY FORK RD, HARRISO, OH, 45030		Summary of Violations: C 2 NC 0 R 1	
Person in Charge Lorina Holsman		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler serena campbell 7-15-2025			

- 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 CITGO, NORTHSIDE	Telephone Number (Establishment) 812-482-6363	Date of Inspection (mm/dd/yr) 04/08/2022	ID # 45
Establishment Address (number and street, city, state, zip code) 2707 NEWTON STREET, JASPER, IN, 47546	(Owner) 812-631-0620		
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 04/18/2022
Owner's Address 610 S. Foxtrot Ct., HUNTINGBURG, IN, 475442		Summary of Violations: C 1 NC 0 R 0	
Person in Charge MISSY FRYE/Diana Kleeman		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Diana Kleeman exp 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 COMFORT INN FERDINAND	Telephone Number (812) 998-2121	Date of Inspection (mm/dd/yr) 04/27/2022	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 05/07/2022
Owner's Address 3479 LAWRENCEVILLE SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Corinne Kania		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): 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 #6878 (JASPER)	Telephone Number (Establishment) 812-482-3300	Date of Inspection (mm/dd/yr) 04/18/2022	ID # 50
Establishment Address (number and street, city, state, zip code) 617 WEST 6TH STREET, JASPER, IN, 47546	(Owner) 401-770-5324		
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 04/28/2022
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Trinity Mayfield		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 FLEIG'S CAFÉ	Telephone Number (812) 367-1310	Date of Inspection (mm/dd/yr) 04/27/2022	ID # 77
Establishment Address (number and street, city, state, zip code) 905 MAIN STREET, FERDINAND, IN, 47532	(812) 630-7723		
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 05/07/2022
Owner's Address 660 S 730 E, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</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 12/7/2026			

- 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 FRATERNAL ORDER OF EAGLES AERIE #3335	Telephone Number 812-683-3335	Date of Inspection (mm/dd/yr) 04/29/2022	ID # 78
Establishment Address (number and street, city, state, zip code) 708 E 6TH STREET, HUNTINGBURG, IN, 47542	Owner 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 05/09/2022
Owner's Address P.O. BOX 168, HUNTINGBURG, IN, 47542		Summary of Violations: C 0 NC 1 R 0	
Person in Charge HEATHER BELCHER		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Heather Belcher exp. 3/15/2026			

- 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 HAPPY HOUR SPORTS BAR AND GRILL		Telephone Number (812) 481-2400 (812) 639-8753		Date of Inspection (mm/dd/yr) 04/06/2022		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 04/16/2022	
Owner JEREMY BETZ				Summary of Violations: C 2 NC 2 R 3			
Owner's Address 766 N BEAVER LAKE RD., JASPER, IN, 47546				Menu Type (See additional page) 1 2 3 4 5			
Person in Charge JEREMY BETZ							
Responsible Person's E-mail							
Certified Food Handler Ethan Virden exp. 01/26/2024							

• **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 MIDWEST CAFÉ & MARKET	Telephone Number (812) 482-5115	Date of Inspection (mm/dd/yr) 04/08/2022	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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 04/18/2022
Owner's Address 1250 JUSTIN STREET, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge KURT CASSIDY-GABHART		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 COREY WUERTZ EXP 3/15/2026			

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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 OASIS BAR AND GRILL	Telephone Number (812) 367-1250	Date of Inspection (mm/dd/yr) 04/27/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/07/2022
Owner's Address 1025 MISSOURI STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge CHERYL HOOPER		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 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): 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 OHANA HAWAIIAN GRILL	Telephone Number () Establishment 812-482-1788	Date of Inspection (mm/dd/yr) 04/27/2022	ID # 152
Establishment Address (number and street, city, state, zip code) 3117 NEWTON STREET, JASPER, IN, 47546	() Owner 812-679-9003		
Owner CHUNG YUAN MU	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/07/2022
Owner's Address 450 S COUNTRY CROSSING, JASPER, IN, 47546		Summary of Violations: C 2 NC 2 R 2	
Person in Charge CHUNG YUAN MU		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Myongsun Kim exp. 1/19/2027			

• **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 SUBWAY #2776 -Sharma Inc. (@ 26th St.)	Telephone Number (812) 482-4422	Date of Inspection (mm/dd/yr) 04/08/2022	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 04/18/2022
Owner's Address 3289 ST. CHARLES, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge RINA AND PRAVEZ SHARMA- SHARMA 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 1/20/2026			

- 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:	



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 MIRANDA'S RESTAURANT		Telephone Number (812-634-7861)	Date of Inspection (mm/dd/yr) 04/22/2022	ID # 199
Establishment Address (number and street, city, state, zip code) 1338 NEWTON STREET, JASPER, IN, 47546		(812-309-0053)		
Owner ADRIAN MIRAANDA / Juan A. 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 05/02/2022
Owner's Address 602 W 7TH STREET, APT 16, JASPER, IN, 47546			Summary of Violations: C <u>5</u> NC <u>3</u> R <u>2</u>	
Person in Charge JUAN 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 Oscar Flores Delgado exp 1/23/2025				

• 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
144	C		Observed severely dented can on the shelf for retail.	Corrected
192	C		Observed several expired meats on the shelf for retail.	05/02/2022
177	C	R	Observed food in cooler being stored in unapproved packaging.	05/02/2022
173	C	R	Observed raw meat and fish being stored above ready to eat foods	05/02/2022
			in walk-in cooler.	
433	NC		Observed mops not being hung to dry.	10/24/2022
346	NC		Observed no hand soap at either hand washing sink.	10/24/2022
347	NC		Observed no hand towels at either hand washing sink.	10/24/2022
204	C		Observed reach in cooler in back prep area to have water dripping onto	05/02/2022
			product and pooling on bottom shelf. Unit not keeping proper	
			temperature.	

Received by (name and title printed):		Inspected by (name and title printed): Kymerlee	
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 YAMATO		Telephone Number (812-556-0500) (706-680-5719)		Date of Inspection (mm/dd/yr) 04/27/2022	ID # 215
Establishment Address (number and street, city, state, zip code) 3015 N. NEWTON STREET, JASPER, IN, 47546		Owner DAVID DONG		Follow-up No	Release Date 05/07/2022
Owner's Address 3015 NEWTON 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)		Summary of Violations: C <u>1</u> NC <u>6</u> R <u>3</u>	
Person in Charge DAVID DONG		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 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"

Section#	C/NC	R	Narrative	To Be Corrected By
216	NC	R	Observed cardboard lining shelves in the kitchen by stove.	10/27/2022
346	NC		Observed hand soap dispenser not working at hand sink.	Corrected
234	NC	R	Observed scoops without handles in sugar container and chicken in walk-in cooler.	10/27/2022
232	NC		Observed mold buildup on plate in ice machine.	10/27/2022
173	C	R	Observed vegetables being stored on top of raw meat in walk-in cooler.	Corrected
256	NC		Observed no temperature measuring device in refrigerator behind sushi bar.	10/27/2022
411	NC		Observed lighting to be too dim in kitchen area.	10/27/2022

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 Sweet - D - Licious Kettle Corn	Telephone Number (812) 789-3124	Date of Inspection (mm/dd/yr) 04/30/2022	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 05/10/2022
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"
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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 Gypsy Moon Nosh Wagon	Telephone Number (812) 381-0029	Date of Inspection (mm/dd/yr) 04/30/2022	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 05/10/2022
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 10/2025			

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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 SOUP-N-SUCH BISTRO	Telephone Number (812) 998-2490 (812) 630-3986	Date of Inspection (mm/dd/yr) 04/27/2022	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 05/07/2022
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 exp. 7/5/2023			

- 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 THE DONUT BARN	Telephone Number (812) 899-2299	Date of Inspection (mm/dd/yr) 04/07/2022	ID # 337
Establishment Address (number and street, city, state, zip code) 1630 W 62ND Ave, 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 04/17/2022
Owner's Address 1630 W 62ND Ave, 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”**

• VIOLATION(S) REPEATED 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 (Establishment) 812-630-5638 (Owner) 812-630-5638	Date of Inspection (mm/dd/yr) 04/30/2022	ID # 387
Establishment Address (number and street, city, state, zip code) 2690 S. SAINT ANTHONY RD. W., HUNTINGBURG, IN, 47542			
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 05/10/2022
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 WOOD CAPITAL PIZZA	Telephone Number () 812-309-4550	Date of Inspection (mm/dd/yr) 04/30/2022	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 05/10/2022
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 Friends Hospitality of Huntingburg LLC		Telephone Number (812) 684-9494		Date of Inspection (mm/dd/yr) 04/29/2022		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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 05/09/2022	
Owner's Address 8366 Shore Dr, Newburgh, IN, 47650				Summary of Violations: C 1 NC 0 R 0			
Person in Charge Christy Schaefer				Menu Type (See additional page) 1 2 3 4 5			
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”**

• VIOLATION(S) REPEATED 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 Archie BBQ	Telephone Number (812) 361-2937	Date of Inspection (mm/dd/yr) 04/22/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/02/2022
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 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Charles Archie exp. 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 KITCHEN/MADIS MAIN SQUEEZE	Telephone Number 812-993-4100	Date of Inspection (mm/dd/yr) 04/30/2022	ID # 455
Establishment Address (number and street, city, state, zip code) 1611 NEWTON ST, JASPER, IN, 47542	Owner 812-993-4100		
Owner RYAN & 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 05/10/2022
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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED 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 (812) 481-2838 (316) 685-1622	Date of Inspection (mm/dd/yr) 05/20/2022	ID # 6
Establishment Address (number and street, city, state, zip code) 4223 MANNHEIM ROAD, JASPER, IN, 47546			
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 05/30/2022
Owner's Address P.O. BOX 780732, WICHITA, KS, 67278		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>2</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. 8/26/2026			

- 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 ARBY'S #5392	Telephone Number () 812-482-7111	Date of Inspection (mm/dd/yr) 05/23/2022	ID # 7
Establishment Address (number and street, city, state, zip code) 3739 N. NEWTON STREET, JASPER, IN, 47546	() 678-514-4100		
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 06/02/2022
Owner's Address 3 GLENLAKE PARKWAY NE, ATLANTA, GA, 30328		Summary of Violations: C 1 NC 1 R 1	
Person in Charge Jonathan Crumes		Menu Type (See additional page) 1 2 3 4 5	
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) 05/27/2022	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 06/06/2022
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 BARNYARD BAR-B-Q CATERING LLC.	Telephone Number (812) 634-2638	Date of Inspection (mm/dd/yr) 05/12/2022	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 05/22/2022
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 <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 11/20/2023			

- 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 BURGER KING #1002	Telephone Number (812) 634-9669 (315) 424-0513	Date of Inspection (mm/dd/yr) 05/16/2022	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 05/26/2022
Owner's Address 968 JAMES STREET, SYRACUSE, NY, 13203		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</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):		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 CHINA GARDEN		Telephone Number (812-367-8200) (718-909-3092)		Date of Inspection (mm/dd/yr) 05/18/2022	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)		Follow-up No	Release Date 05/28/2022
Owner's Address 449 PRANCER DR. N, SANTA CLAUS, IN, 47549		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> 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>2</u> NC <u>5</u> R <u>5</u>	
Person in Charge Hui Li		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 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"

Section#	C/NC	R	Narrative	To Be Corrected By
216	NC	R	Observed cardboard lining the shelves in refrigerator.	11/18/2022
346	NC		Observed no hand soap at hand washing sink.	11/18/2022
344	C	R	Observed availability of hand sink to be obstructed by cooling rack.	05/30/2022
146	NC	R	Observed food in freezers and refrigerator being stored in unapproved food storage bags and not labeled.	11/18/2022
173	C	R	Observed raw meat being stored above vegetables in standup freezer.	Corrected
234	NC	R	Observed scoops without handles in breadng container.	11/18/2022
418	NC		Observed employee drink being stored/chilled in prep food table.	Corrected

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 DOLLAR GENERAL STORE #7817	Telephone Number (812) 610-9972 (615) 855-4000	Date of Inspection (mm/dd/yr) 05/24/2022	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 06/03/2022
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): 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) 684-8087 (812) 661-2409	Date of Inspection (mm/dd/yr) 05/10/2022	ID # 67
Establishment Address (number and street, city, state, zip code) 1804 n main st, HUNTINGBURG, IN, 47542			
Owner TATIANA ZELAYA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/20/2022
Owner's Address 1030 race st, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Person in Charge TATIANA ZELAYA			
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 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 FEHRIBACH STOP INN, INC.	Telephone Number () 812-683-4220	Date of Inspection (mm/dd/yr) 05/10/2022	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 type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/20/2022
Owner's Address 980 S DEER RUN ROAD, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WAYNE FEHRIBACH		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 HOMESTEAD PIZZA LLC	Telephone Number (812) 367-1808	Date of Inspection (mm/dd/yr) 05/18/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/28/2022
Owner's Address 1510 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</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. 9/11/23			

• **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): 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 KALB'S CROSSROADS SERVICE	Telephone Number (812) 678-5358	Date of Inspection (mm/dd/yr) 05/25/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 06/04/2022
Owner's Address 5130 E HWY 56, DUBOIS, IN, 47527		Summary of Violations: C <u>0</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:	

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 (812) 482-2132 (502) 815-6114	Date of Inspection (mm/dd/yr) 05/20/2022	ID # 128
Establishment Address (number and street, city, state, zip code) 3960 N. NEWTON STREET, JASPER, IN, 47546			
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 05/30/2022
Owner's Address 103 COOPER ST., BABYLON, NY, 11749		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Person in Charge David Chapman		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 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) 05/23/2022	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 06/02/2022
Owner's Address 5977 MEDINAH DR., NEWBURGH, IN, 47630				Summary of Violations: C <u>2</u> NC <u>4</u> R <u>4</u>	
Person in Charge Martin Loya Jr				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
218	NC	R	Observed broken gasket on double door cooler on prep line and broken door on freezer on prep line.	11/23/2022
177	C	R	Observed boxes being stored on the floor in walk-in freezer and cooler.	06/02/2022
351	NC	R	Observed receptacles in women's bathroom not having lids.	11/23/2022
438	C		Observed spray bottles with cleaner not properly labeled.	06/02/2022
347	NC		Observed paper towel dispenser in kitchen to not be working and no paper towels by handwashing sink in bar area.	11/23/2022
342	NC	R	Observed handwashing sink in bar area to not have any hot water.	11/23/2022

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 McDONALD'S #5349 (Jasper South)	Telephone Number (812) 482-7778	Date of Inspection (mm/dd/yr) 05/18/2022	ID # 138
Establishment Address (number and street, city, state, zip code) 450 HWY 231 S, JASPER, IN, 47546	(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 05/28/2022
Owner's Address P.O. BOX 710, JASPER, IN, 47546		Summary of Violations: C 1 NC 1 R 0	
Person in Charge Zach Peek		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Zach Peek 5/7/2023			

- 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) 05/16/2022	ID # 161
Establishment Address (number and street, city, state, zip code) 2055 MAIN ST, FERDINAND, IN, 47532	(574) 377-8183		
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 No	Release Date 05/26/2022
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 <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): 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 RON'S PLACE	Telephone Number (812) 683-9412	Date of Inspection (mm/dd/yr) 05/20/2022	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 No	Release Date 05/30/2022
Owner's Address 345 S TINSEL CIRCLE E, SANTA CLAUS, IN, 47579		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</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):		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 <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">SANDER CATERING</div>		Telephone Number <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">812-634-1018</div>		Date of Inspection <small>(mm/dd/yr)</small> <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">05/18/2022</div>		ID # <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">169</div>			
Establishment Address (number and street, city, state, zip code) <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">1137 S. CLAY ST., JASPER, IN, 47546</div>		Owner <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">ALEX ZEHR</div>		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">No</div>		Release Date <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">05/28/2022</div>	
Owner's Address <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">1137 S. CLAY ST., JASPER, IN, 47546</div>		Person in Charge <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">ALEX ZEHR</div>		Summary of Violations: <div style="font-size: 36pt; font-weight: bold; margin-top: 5px;">C <u>1</u> NC <u>0</u> R <u>0</u></div>		Menu Type (See additional page) <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> </div>			
Responsible Person's E-mail <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>		Certified Food Handler <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">Mary Schepers 2/21/2024</div>		Other (list) <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>					

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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 dirt/mold buildup on ice machine from excess moisture.	05/30/2022

Received by (name and title printed): <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>	Inspected by (name and title printed): <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">Kymberlee</div>
Received by (signature): <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>	Inspected by (signature): <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>
cc: <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>	cc: <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>
cc: <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>	cc: <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;"> </div>

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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) 05/18/2022	ID # 173
Establishment Address (number and street, city, state, zip code) 409 3RD AVENUE, JASPER, IN, 47546	()- - 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 05/28/2022
Owner's Address 890 E 190 N, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Jessica Douglas		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler James Boaz 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 SCHNITZELBANK RESTAURANT	Telephone Number (Establishment) 812-482-2640 (Owner) 812-631-1801	Date of Inspection (mm/dd/yr) 05/18/2022	ID # 174
Establishment Address (number and street, city, state, zip code) 393 3RD AVENUE, JASPER, IN, 47546			
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 05/28/2022
Owner's Address 443 N. Whoderville Rd., JASPER, IN, 47546		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>1</u>	
Person in Charge Barb Luebbehusen		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 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 () 812-848-7627	Date of Inspection (mm/dd/yr) 05/04/2022	ID # 177
Establishment Address (number and street, city, state, zip code) 1115 MAIN STREET, JASPER, IN, 47546	() 812-639-3022		
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 05/14/2022
Owner's Address 605 N 310 E, JASPER, IN, 47546		Summary of Violations: C 1 NC 0 R 1	
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):		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 #3001034 (Jasper)	Telephone Number (812) 634-9536	Date of Inspection (mm/dd/yr) 05/16/2022	ID # 194
Establishment Address (number and street, city, state, zip code) 3592 NEWTON STREET, JASPER, IN, 47546	Owner (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 05/26/2022
Owner's Address PO BOX 507, WEST LINN, OR, 97068		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Audra Racime		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Shawn Spurlock exp. 7/8/2025			

- 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 TAQUERIA EL LLANO	Telephone Number (812-351-4571)	Date of Inspection (mm/dd/yr) 05/19/2022	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 05/29/2022
Owner's Address 3828 N. PORTERSVILLE RD #54, JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</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:	

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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) 05/19/2022	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 05/29/2022
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”**

• VIOLATION(S) REPEATED 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 MIRANDA'S RESTAURANT		Telephone Number (812-634-7861) (812-309-0053)	Date of Inspection (mm/dd/yr) 05/02/2022	ID # 199
Establishment Address (number and street, city, state, zip code) 1338 NEWTON STREET, JASPER, IN, 47546		Owner ADRIAN MIRAANDA / Juan A. Miranda	Follow-up No	Release Date 05/12/2022
Owner's Address 602 W 7TH STREET, APT 16, JASPER, IN, 47546		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) _____	Summary of Violations: C <u>1</u> NC <u>2</u> R <u>3</u>	
Person in Charge JUAN 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 Oscar Flores Delgado exp 1/23/2025				

• 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
192	C	R	Observed expired meat on the shelf for retail.	05/12/2022
346	NC	R	Observed no hand soap at hand sinks in the kitchen and bar area.	11/02/2022
347	NC	R	Observed no hand towels at hand sinks in the kitchen and bar area.	11/02/2022
			Owner was present for follow-up and is working to install paper towel and soap dispensers at hand sinks.	

Received by (name and title printed):		Inspected by (name and title printed): Kymerlee	
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 WOOPENHEIMER'S BAR AND GRILL		Telephone Number (812-695-3211)		Date of Inspection (mm/dd/yr) 05/25/2022	ID # 214
Establishment Address (number and street, city, state, zip code) 451 W. HAYSVILLE RD., JASPER, IN, 47546		Owner (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 06/04/2022
Owner's Address 1839 US HWY 231, LOOGOOTEE, IN, 47546		Summary of Violations: C 1 NC 1 R 2			
Person in Charge BRANDON AND LUCINDA GRIMES		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail					
Certified Food Handler LUCINDA GRIMES EXP 8/18/2026					

• 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
297	NC	R	Observed dirt/dust/debris buildup on all cooling and freezing units throughout the establishment.	11/25/2022
295	C	R	Observed excessive dust/dirt/oil buildup on fryers, flattop griddle and floor around cooking area.	06/06/2022

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 JASPER MUNICIPAL SWIMMING POOL (CONCESSIONS)	Telephone Number (812) 482-1789	Date of Inspection (mm/dd/yr) 05/20/2022	ID # 239
Establishment Address (number and street, city, state, zip code) 1405 BARTLEY ST, JASPER, IN, 47546	Owner (812) 482-5959		
Owner CITY OF JASPER	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 05/30/2022
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”**

- VIOLATION(S) REPEATED 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 RED HOUSE	Telephone Number (812) 309-2139	Date of Inspection (mm/dd/yr) 05/02/2022	ID # 253
Establishment Address (number and street, city, state, zip code) 1100 N. Main, Huntingburg, IN, 47542	(812) 309-3780		
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 No	Release Date 05/12/2022
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): 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 FISTFUL OF TACOS	Telephone Number (812) 207-3474	Date of Inspection (mm/dd/yr) 05/13/2022	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 05/23/2022
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”**

• VIOLATION(S) REPEATED 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 BEN'S SOFT PRETZELS	Telephone Number (270) 313-2005	Date of Inspection (mm/dd/yr) 05/13/2022	ID # 367
Establishment Address (number and street, city, state, zip code) 2421 allen st, owensboro, ky, 42303	(270) 313-2005		
Owner RON WILLIAMS	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/23/2022
Owner's Address 2421 allen st, owensboro, ky, 42303		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Mitchell Johnson		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 Stephen Johnson exp. 5/29/2023			

- 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): 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 PUB 'N' GRUB	Telephone Number (812) 631-0188	Date of Inspection (mm/dd/yr) 05/04/2022	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 05/14/2022
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): 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 TAQUERIA MOBILE	Telephone Number (812) 351-4571	Date of Inspection (mm/dd/yr) 05/13/2022	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 05/23/2022
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): 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 BERT'S QUALITY PROVISIONS	Telephone Number () 502-630-9289	Date of Inspection (mm/dd/yr) 05/13/2022	ID # 382
Establishment Address (number and street, city, state, zip code) 2776 MT. TABOR RD., NEW ALBANY, IN, 47150	() 502-630-9289		
Owner MITCH HERBERT	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/23/2022
Owner's Address 2776 MT. TABOR RD., NEW ALBANY, IN, 47150		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MITCH HERBERT		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 MITCHELL HERBERT 5/4/2024			

- 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 OINK INC SMOKEHOUSE	Telephone Number (812) 630-5638	Date of Inspection (mm/dd/yr) 05/13/2022	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 05/23/2022
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): 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 ACROPOLIS EXPRESS	Telephone Number (270) 860-8214	Date of Inspection (mm/dd/yr) 05/13/2022	ID # 393
Establishment Address (number and street, city, state, zip code) 501 N. GREEN RIVER RD., EVANSVILLE, IN, 47715	(270) 860-8214		
Owner ELLADA HADJISAVVA	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/23/2022
Owner's Address 501 N. GREEN RIVER RD., EVANSVILLE, IN, 47715		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ELLADA HADJISAVVA		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 ELLADA HADJISAVVA 02/21/2024			

- 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 TICKLEBELLY HILL / DBA OINK INC SMOKE HOUSE	Telephone Number (812) 630-5638	Date of Inspection (mm/dd/yr) 05/19/2022	ID # 394
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 05/29/2022
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 <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 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 SATI BABI	Telephone Number (812) 249-4622	Date of Inspection (mm/dd/yr) 05/13/2022	ID # 400
Establishment Address (number and street, city, state, zip code) 1600 S. 6th street, TERRE HAUTE, IN, 47802	(812) 249-4622		
Owner MARTIN 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 05/23/2022
Owner's Address PO Box 2191, TERRE HAUTE, IN, 47802		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MARTIN MIRANDA		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 MARTIN MIRANDA 4/8/2026			

- 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 DUNKIN'	Telephone Number (856) 904-2222	Date of Inspection (mm/dd/yr) 05/16/2022	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 05/26/2022
Owner's Address 4672 PICADILLY CIRCLE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</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): 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) 05/16/2022	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 05/26/2022
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 ZAXBY'S	Telephone Number (502) 649-9977	Date of Inspection (mm/dd/yr) 05/20/2022	ID # 426
Establishment Address (number and street, city, state, zip code) 4227 MANNHEIM ROAD, JASPER, IN, 47546	(502) 649-9977		
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 05/30/2022
Owner's Address 4227 MANNHEIM ROAD, JASPER, IN, 47546		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): 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 TOM'S TRAVELING COFFEE TRUCK		Telephone Number () Establishment		Date of Inspection (mm/dd/yr) 05/13/2022		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 05/23/2022	
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 type="radio"/> 3 <input checked="" 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): 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 CALORITA	Telephone Number (812) 319-3246	Date of Inspection (mm/dd/yr) 05/11/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/21/2022
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 <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 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 Kona Ice of Bloomington	Telephone Number (317)-363-7810	Date of Inspection (mm/dd/yr) 05/13/2022	ID # 456
Establishment Address (number and street, city, state, zip code) 4610 Hacker Creek Rd, Martinsville, IN, 46151	(317)-363-7810		
Owner Debbie Stohler	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/23/2022
Owner's Address 4610 Hacker Creek Rd, Martinsville, IN, 46151		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Debbie Stohler		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 Kool Shack	Telephone Number (812) 483-5874	Date of Inspection (mm/dd/yr) 05/13/2022	ID # 461
Establishment Address (number and street, city, state, zip code) 8012 Rucker 1 Rd E, Henderson, KY, 42420	(812) 483-5874		
Owner Adam Wathen	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/23/2022
Owner's Address 8012 Rucker 1 Rd E, Henderson, KY, 42420		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Adam Wathen		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 Adam Wathen exp. 11/19/2025			

- 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 Eden Cafe/This Latte'd Lamb	Telephone Number (812) 703-5009 (317) 315-4702	Date of Inspection (mm/dd/yr) 05/16/2022	ID # 466
Establishment Address (number and street, city, state, zip code) 111 S Walnut St, Edinburgh, IN, 46124			
Owner Anthony Joslin	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/26/2022
Owner's Address 5833 S 50 W, Trafalgar, IN, 46181		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Anthony Joslin		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 Anthony Joslin exp. 1/5/2027			

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

• VIOLATION(S) REPEATED 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 Hurst Fun Food	Telephone Number (Establishment) 865-405-4015	Date of Inspection (mm/dd/yr) 05/16/2022	ID # 473
Establishment Address (number and street, city, state, zip code) 4630 Nebo Mountain Road, Walland, TN, 37886	(Owner) 865-405-4015		
Owner Jerry 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	Release Date 05/26/2022
Owner's Address 4630 Nebo Mountain Road, Walland, TN, 37886		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jerry Hurst		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 CAFE PINA	Telephone Number (812) 639-6174	Date of Inspection (mm/dd/yr) 05/10/2022	ID # 474
Establishment Address (number and street, city, state, zip code) 225 RIVER CENTRE LANDING SUITE M, JASPER, IN, 47546	(812) 639-6174		
Owner CLAUDIA JUAREZ	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 05/20/2022
Owner's Address 225 RIVER CENTRE LANDING SUITE M, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge CLAUDIA JUAREZ		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 CLAUDIA JUAREZ 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 MO Smoke BBQ	Telephone Number () 629-200-9510	Date of Inspection (mm/dd/yr) 05/16/2022	ID # 476
Establishment Address (number and street, city, state, zip code) 1105 Pleasant Valley Dr, Chapmansboro, TN, 37035	() Owner 629-200-9510		
Owner Derek Anderson	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 05/26/2022
Owner's Address 1105 Pleasant Valley Dr, Chapmansboro, TN, 37035		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Chris Roberts		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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED 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 League Stadium	Telephone Number (812) 367-1690	Date of Inspection (mm/dd/yr) 05/25/2022	ID # 477
Establishment Address (number and street, city, state, zip code) 6655 S Old State Road 162, Huntingburg, IN, 47542	(812) 367-1690		
Owner Brad Brown & Jared Feltner	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 06/04/2022
Owner's Address 6655 S Old State Road 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 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler JARED 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): 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 / CHESTER CHICKEN		Telephone Number (812) 481-2766		Date of Inspection (mm/dd/yr) 07/26/2022		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		Follow-up No		Release Date 08/05/2022	
Owner's Address 13465 N SR 62, GENTRYVILLE, IN, 47537		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>2</u> NC <u>2</u> R <u>1</u>			
Person in Charge ROBERT KNIGHT		<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 Robert Knight 6-28-2023		<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): 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 BUFFALO WINGS AND RINGS	Telephone Number (812) 482-9464	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 21
Establishment Address (number and street, city, state, zip code) 1910 HOSPITALITY DRIVE, JASPER, IN, 47546	(812) 630-4169		
Owner MIKE WEYER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/08/2022
Owner's Address P.O. BOX 667, JASPER, IN, 47547		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>2</u>	
Person in Charge Doug		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 Doug exp. 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 BUNGALOW BAR	Telephone Number (219) 204-8655	Date of Inspection (mm/dd/yr) 07/15/2022	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 No	Release Date 07/25/2022
Owner's Address 213 Savannah Dr, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge RIAN KERST		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 RIAN KERST 06-26-2025			

- 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 NEW CHINA'S BEST	Telephone Number (812) 634-2007	Date of Inspection (mm/dd/yr) 07/11/2022	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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/21/2022
Owner's Address		Summary of Violations: C <u>3</u> NC <u>1</u> R <u>3</u>	
Person in Charge GUO YUAN ZHU		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 GUO YUAN ZHU 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:	

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 (812) 482-2707 (812) 634-1074	Date of Inspection (mm/dd/yr) 07/18/2022	ID # 37
Establishment Address (number and street, city, state, zip code) 6661 E ST. MARY STREET, CELESTINE, IN, 47521			
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 07/28/2022
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG		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 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): 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. ANTHONY SUNOCO #58	Telephone Number (812) 326-2500 (513) 367-9900	Date of Inspection (mm/dd/yr) 07/18/2022	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 07/28/2022
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>2</u> NC <u>0</u> R <u>2</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):		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 LUBE WAY SUNOCO #56	Telephone Number (812) 634-7827 (513) 367-9900	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 39
Establishment Address (number and street, city, state, zip code) 1921 LUBE WAY, JASPER, IN, 47546			
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 08/08/2022
Owner's Address 9171 DRY FORK RD, HARRISON, OH, 45030		Summary of Violations: C <u>1</u> NC <u>0</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"

Section#	C/NC	R	Narrative	To Be Corrected By
345	C	R	Hand washing sink on blimpies front line was being used for for other things than hand washing	
			Need to find out who the certified food manager is	

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 HAYSVILLE SUNOCO #54	Telephone Number (812) 695-2505	Date of Inspection (mm/dd/yr) 07/29/2022	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 08/08/2022
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 TRIUMPH ENERGY		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 CIRCLE "S" MART #33	Telephone Number (812) 367-2351	Date of Inspection (mm/dd/yr) 07/13/2022	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 07/23/2022
Owner's Address P.O. BOX 39, TELL CITY, IN, 47586		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ANGELA		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 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 CITGO, NORTHSIDE	Telephone Number (812) 482-6363	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 45
Establishment Address (number and street, city, state, zip code) 2707 NEWTON STREET, JASPER, IN, 47546	(812) 631-0620		
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 08/08/2022
Owner's Address 610 S. Foxtrot Ct., HUNTINGBURG, IN, 475442		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Person in Charge MISSY FRYE/Diana Kleeman		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 Diana Kleeman exp 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 CVS PHARMACY #6881 (HUNTINGBURG)	Telephone Number (812) 683-3309	Date of Inspection (mm/dd/yr) 07/08/2022	ID # 51
Establishment Address (number and street, city, state, zip code) 610 N MAIN STREET, HUNTINGBURG, IN, 47542	(401) 770-5324		
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 07/18/2022
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 <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): 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 DENNY'S #6878	Telephone Number (812) 482-6006	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 55
Establishment Address (number and street, city, state, zip code) 3850 NEWTON STREET, JASPER, IN, 47546	(480) 722-9196		
Owner TLIN, 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 08/08/2022
Owner's Address 2812 N Norwalk, Ste 131, MESA, AZ, 85215		Summary of Violations: C <u>3</u> NC <u>2</u> R <u>4</u>	
Person in Charge Curstie Elmore		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 Noah Stiles exp. 10/15/2026			

• **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 DOLLAR GENERAL STORE #2144	Telephone Number (812) 610-9913 (615) 855-4000	Date of Inspection (mm/dd/yr) 07/27/2022	ID # 56
Establishment Address (number and street, city, state, zip code) 1710 N MAIN STREET, HUNTINGBURG, IN, 47542			
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 08/06/2022
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):		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) 07/26/2022	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 08/05/2022
Owner DOLGENCORP, LLC.		Summary of Violations: C 1 NC 1 R 1	
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Menu Type (See additional page) 1 2 3 4 5	
Person in Charge Ryan Wilcox			
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) 329-2650 (615) 855-4000	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 58
Establishment Address (number and street, city, state, zip code) 4117 N MANNHEIM RD., 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 08/08/2022
Owner DOLGENCORP, LLC.		Summary of Violations: C 1 NC 1 R 2	
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072		Menu Type (See additional page) 1 2 3 4 5	
Person in Charge rebecca brown			
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 TREE #01349	Telephone Number () 812-482-4497	Date of Inspection (mm/dd/yr) 07/27/2022	ID # 60
Establishment Address (number and street, city, state, zip code) 3601 NEWTON STREET, UNIT 101, JASPER, IN, 47546	() 757-321-5000		
Owner DOLLAR TREE STORES, INC.	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up Yes	Release Date 08/06/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge BAILEY	<input type="checkbox"/> Complaint	C <u>2</u> NC <u>2</u> R <u>3</u>	
Responsible Person's E-mail	<input type="checkbox"/> Pre-Operational		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler Exempt	<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”
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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) 07/28/2022	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	Release Date 08/07/2022
Owner's Address 1044 WHITEOAK CT., LANESVILLE, IN, 47136		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>0</u>	
Person in Charge ANTHONY NEUKAM		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 ANTHONY NEUKAM EXP 6/13/22			

- 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): 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 (757) 321-5058	Date of Inspection (mm/dd/yr) 07/27/2022	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 08/06/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>3</u>	
Person in Charge tony D.M.			
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"
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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 GASLIGHT PIZZA & GRILL (PBTP INC)		Telephone Number (812) 683-3669		Date of Inspection (mm/dd/yr) 07/08/2022		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 No		Release Date 07/18/2022	
Owner's Address 917 SHELBY STREET, HUNTINGBURG, IN, 47542				Summary of Violations: C <u>1</u> NC <u>2</u> R <u>2</u>			
Person in Charge JOHN P. SONGER				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 John P. Songer exp. 5/9/2022							

- 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 HOLIDAY FOODS #5	Telephone Number (Establishment) 812-482-4464	Date of Inspection (mm/dd/yr) 07/26/2022	ID # 95
Establishment Address (number and street, city, state, zip code) 847 3RD. AVENUE, JASPER, IN, 47546	(Owner) 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 08/05/2022
Owner's Address 535 E Medcalf, Dale, IN, 47523		Summary of Violations: C <u>2</u> NC <u>2</u> R <u>2</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. 7/21/2025			

• **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 HOLIDAY INN EXPRESS	Telephone Number () 812-482-3344	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 96
Establishment Address (number and street, city, state, zip code) 2000 HOSPITALITY DRIVE, JASPER, IN, 47546	() 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 08/08/2022
Owner's Address 26 STAR LANE, S BARRINGTON, IL, 60010		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Jessica		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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED 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 HONG KONG CHINESE RESTAURANT		Telephone Number (812) 634-1103 <small>(Ex. City/Number)</small> (859) 353-7820 <small>() Owner</small>		Date of Inspection (mm/dd/yr) 07/18/2022		ID # 100	
Establishment Address (number and street, city, state, zip code) 375 S US HWY 231, 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 07/28/2022	
Owner Zhou Wen Dong				Summary of Violations: C <u>1</u> NC <u>3</u> R <u>2</u>			
Owner's Address 731 W 8th St, JASPER, IN, 47546							
Person in Charge Zhou Wen Dong							
Responsible Person's E-mail							
Certified Food Handler Zhou Wen Dong exp 12/13/2024				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): 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 J. R. 'S BAR (TAYLOR MICHAELS INC)		Telephone Number (812) 482-9694		Date of Inspection (mm/dd/yr) 07/07/2022		ID # 110	
Establishment Address (number and street, city, state, zip code) 23 S. CLAY STREET, JASPER, IN, 47546		Owner (812) 639-3488					
Owner MICHAEL BECK		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 07/17/2022	
Owner's Address 1515 JACKSON ST. , JASPER, IN, 47546				Summary of Violations: C 0 NC 1 R 1			
Person in Charge MICHAEL BECK				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail _____							
Certified Food Handler Micheal Beck 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 LITTLE CAESARS PIZZA	Telephone Number (812) 556-5005	Date of Inspection (mm/dd/yr) 07/29/2022	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 08/08/2022
Owner's Address PO BOX 203, LAWRENCEVILLE, IL, 62439		Summary of Violations: C <u>0</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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 MAIN'S BAKERY	Telephone Number () Establishment () Owner 270-231-7478	Date of Inspection (mm/dd/yr) 07/27/2022	ID # 134
Establishment Address (number and street, city, state, zip code) 501 N WASHINGTON 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 08/06/2022
Owner JIM MAIN		Summary of Violations: C 1 NC 2 R 2	
Owner's Address 501 N WASHINGTON ST, HUNTINGBURG, IN, 47542		Menu Type (See additional page) 1 2 3 4 5	
Person in Charge JIM MAIN			
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”

[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 MAMA T'S ITALIAN STEAK HOUSE	Telephone Number () 812-661-6093	Date of Inspection (mm/dd/yr) 07/23/2022	ID # 135
Establishment Address (number and street, city, state, zip code) 320 E. 4TH ST., HUNTINGBURG, IN, 47542	() 812-661-6093		
Owner BRANDON ACLES	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/02/2022
Owner's Address 320 E. 4TH ST., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BRANDON ACLES		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 Ohanian 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 McDONALD'S #25169 (Jasper North)		Telephone Number (812-634-6212) <small>(Ex. City/State)</small>		Date of Inspection (mm/dd/yr) 07/29/2022		ID # 137	
Establishment Address (number and street, city, state, zip code) 4130 NEWTON STREET, JASPER, IN, 47546		(270-566-1749) <small>(Owner)</small>					
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 08/08/2022	
Owner's Address 3944 Fox Hollow Ct, JASPER, IN, 47546				Summary of Violations: C 1 NC 2 R 1			
Person in Charge Amanda Wertman				Menu Type (See additional page) 1 2 3 4 5			
Responsible Person's E-mail							
Certified Food Handler Amanda Wertman 3/21/2025							

• **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 MERKLEY AND SONS, INC.	Telephone Number () Establishment 812-482-7020	Date of Inspection (mm/dd/yr) 07/28/2022	ID # 140
Establishment Address (number and street, city, state, zip code) 3994 W 180 N, JASPER, IN, 47546	() Owner 812-630-5659		
Owner JAMES AND DAVID MERKLEY	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 08/07/2022
Owner's Address 214 E. 8th 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 JAMES AND DAVID MERKLEY	<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 Michael Tubbs exp. 4/15/2024	<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 MI JALISCO	Telephone Number () 812-482-5263	Date of Inspection (mm/dd/yr) 07/18/2022	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 07/28/2022
Owner's Address 239 BADEN STRASSE, JASPER, IN, 47546		Summary of Violations: C 1 NC 2 R 1	
Person in Charge Miguel Casillas		Menu Type (See additional page) 1 2 3 4 5	
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):		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) 07/29/2022	ID # 158
Establishment Address (number and street, city, state, zip code) 425 US HWY 231, JASPER, IN, 47546	() Owner 812-280-1101		
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 08/08/2022
Owner's Address 300 SPRING ST., STE 3A, JEFFERSONVILLE, IN, 47130		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</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. 5/7/2024			

- 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:	

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 SOUTHERN INDIANA BUTCHER SUPPLY		Telephone Number (812) 998-2277		Date of Inspection (mm/dd/yr) 07/13/2022		ID # 178	
Establishment Address (number and street, city, state, zip code) 131 E. 10TH STREET, FERDINAND, IN, 47532		() Owner 614-209-6767					
Owner MARK PUND		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 07/23/2022	
Owner's Address 7180 S Club Rd, Ferdinand, IN, 47532				Summary of Violations: C 0 NC 0 R 0			
Person in Charge MARK PUND				Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0			
Responsible Person's E-mail 							
Certified Food Handler Mark Pund exp. 03/02/2027							

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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>(Inspector)</small> 812-661-9658 <small>(Owner)</small>		Date of Inspection (mm/dd/yr) 07/29/2022	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 08/08/2022
Owner RINA AND PRAVEZ SHARMA	Summary of Violations:				
Owner's Address 3289 ST. CHARLES STREET, JASPER, IN, 47546	C <u>0</u> NC <u>0</u> R <u>0</u>				
Person in Charge RINA AND PRAVEZ SHARMA	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 Pravez Sharma exp. 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	
			Observed no violations at time of inspection.		
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) 07/27/2022	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 08/06/2022
Owner's Address 2006 N Irvine Ct, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Teresa Bounds		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):		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 (Owner) 812-482-5010	Date of Inspection (mm/dd/yr) 07/11/2022	ID # 204
Establishment Address (number and street, city, state, zip code) 3131 Newton 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 07/21/2022
Owner MEMBERS OF CLUB		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner's Address 3131 NEWTON STREET, JASPER, IN, 47546			
Person in Charge nancy drew			
Responsible Person's E-mail			
Certified Food Handler NANCY DREW 11/21/2025		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"/>	

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

• VIOLATION(S) REPEATED 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 WALGREENS #10340	Telephone Number () 812-481-1513	Date of Inspection (mm/dd/yr) 07/27/2022	ID # 206
Establishment Address (number and street, city, state, zip code) 3606 N. NEWTON STREET, JASPER, IN, 47546	() 847-527-4208		
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 08/06/2022
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 Elizabeth A Cowley		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 WALMART #870	Telephone Number () 812-634-1233	Date of Inspection (mm/dd/yr) 07/29/2022	ID # 207
Establishment Address (number and street, city, state, zip code) 4040 N NEWTON STREET, JASPER, IN, 47546	() 479-204-9864		
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 08/08/2022
Owner's Address 702 SW 8TH STREET, DEPT 8916, BENTONVILLE, AR, 72716-0500		Summary of Violations: C 0 NC 2 R 0	
Person in Charge WAL-MART STORES EAST, LP		Menu Type (See additional page) 1 2 3 4 5	
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”**

• VIOLATION(S) REPEATED 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 YOUNG MEN'S INSTITUTE COUNCIL #497		Telephone Number (812) 683-2497		Date of Inspection (mm/dd/yr) 07/08/2022		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 07/18/2022	
Owner's Address P.O. BOX 55, HUNTINGBURG, IN, 47542				Summary of Violations: C 1 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): 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 WINGS, ETC	Telephone Number (812) 430-6125	Date of Inspection (mm/dd/yr) 07/11/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/21/2022
Owner's Address		Summary of Violations: C 2 NC 2 R 1	
Person in Charge Taylor Truitt		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
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): 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) 07/27/2022	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	Follow-up No	Release Date 08/06/2022
Owner's Address 1307 N. MAIN ST., HUNTINGBURG, IN, 47542	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge RAJ SINGH	<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): 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) 07/28/2022		ID # 335	
Establishment Address (number and street, city, state, zip code) 333 RIVER CENTRE LANDING, JASPER, IN, 47546		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 08/07/2022	
Owner RIVER CENTRE DEVELOPERS LLC				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 Vanessa Dilly							
Responsible Person's E-mail							
Certified Food Handler Vanessa Dilly exp, 12/15/2026							

- 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 GG'S PIZZA LLC	Telephone Number (812) 482-9006	Date of Inspection (mm/dd/yr) 07/22/2022	ID # 384
Establishment Address (number and street, city, state, zip code) 3561 NEWTON STREEET, JASPER, IN, 47546	(812) 630-8538		
Owner KYLA GOLLER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/01/2022
Owner's Address 7340 N 150 W, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge KYLA GOLLER		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 JENNY GOLLER 9-17-23			

- **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 ZAX CREAMERY	Telephone Number () 812-482-7069	Date of Inspection (mm/dd/yr) 07/29/2022	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	Follow-up No	Release Date 08/08/2022
Owner's Address 3646 N 850 E, MONTGOMERY, IN, 47558	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge ZACHARY GRABER	<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	Menu Type (See additional page)	
Certified Food Handler JOYCE GRABER 09/17/2023	<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”
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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 YARD GOAT ARTISAN ALES	Telephone Number (812) 639-1868	Date of Inspection (mm/dd/yr) 07/23/2022	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 type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 08/02/2022
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 exp. 10/14/2024			

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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 Fry'D	Telephone Number (812) 684-9449	Date of Inspection (mm/dd/yr) 07/08/2022	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 07/18/2022
Owner's Address 514 Jackson St. , Jasper, IN, 47546		Summary of Violations: C 1 NC 0 R 0	
Person in Charge Tracey Price		Menu Type (See additional page) 1 2 3 4 5	
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 DOLLAR GENERAL STORE 22655		Telephone Number (930) 233-0350 (615) 855-4000		Date of Inspection (mm/dd/yr) 07/18/2022		ID # 434	
Establishment Address (number and street, city, state, zip code) 255 N CELESTINE RD. S, 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 07/28/2022	
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							

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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 SANDER FAMILY MEAT MARKET	Telephone Number (812) 326-1001	Date of Inspection (mm/dd/yr) 07/18/2022	ID # 437
Establishment Address (number and street, city, state, zip code) 4650 S CROSS STREET, SAINT ANTHONY, IN, 47575	Owner (812) 326-1001		
Owner KENT SANDER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/28/2022
Owner's Address 4757 Deer Trail, Huntingburg, IN, 47542		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”
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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 C and C Charcuterie, LLC	Telephone Number (270-570-5731)	Date of Inspection (mm/dd/yr) 07/06/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 07/16/2022
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>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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 Emerald Greens Jasper	Telephone Number (773-759-9827)	Date of Inspection (mm/dd/yr) 07/15/2022	ID # 458
Establishment Address (number and street, city, state, zip code) 1639 Gun Club Rd, Jasper, IN, 47546	(773-759-9827)		
Owner 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 No	Release Date 07/25/2022
Owner's Address 1639 Gun Club Rd, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge 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 Dunlop			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 124 (FERDINAND)	Telephone Number (812) 367-1241	Date of Inspection (mm/dd/yr) 09/23/2022	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 10/03/2022
Owner's Address 425 MAIN STREET, FERDINAND, IN, 47532		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Karissa Rohleder		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Patricia Altman exp 06/20/2024			

• **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 R Table, LLC	Telephone Number () Extension 812-653-2840	Date of Inspection (mm/dd/yr) 09/23/2022	ID # 17
Establishment Address (number and street, city, state, zip code) 408 MAIN STREET, JASPER, IN, 47546	() Owner 812-653-2840		
Owner William "Tyler" Reynolds	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 10/03/2022
Owner's Address 275 River Center Lnd APT 329, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge William "Tyler" Reynolds		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			

• **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 CATERING BY MEYER	Telephone Number (812) 367-1690	Date of Inspection (mm/dd/yr) 09/19/2022	ID # 20
Establishment Address (number and street, city, state, zip code) 6655 S. OLD STATE RD 162, HUNTINGBURG, IN, 47542	(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 09/29/2022
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 JARED 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): 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 CHOCOLATE BLISS	Telephone Number () Establishment 812-482-1617 () Owner 812-631-0190	Date of Inspection (mm/dd/yr) 09/09/2022	ID # 32
Establishment Address (number and street, city, state, zip code) 110 E 5th STREET, JASPER, IN, 47546			
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 09/19/2022
Owner's Address 338 DAISY LANE, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
Person in Charge ANN KNIES		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler Ann Knies exp. 9/27/2026			

- 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 FERDINAND-TOWN SUNOCO #59	Telephone Number (812) 367-2666	Date of Inspection (mm/dd/yr) 09/23/2022	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 10/03/2022
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 HAWKSTONE ASSOCIATES INC/DBE TRIUMPH ENERG		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 cassandra hill 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 FERINAND-INTERSTATE SUNOCO #60	Telephone Number (812) 367-1138	Date of Inspection (mm/dd/yr) 09/23/2022	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 10/03/2022
Owner's Address 9171 DRY FORK RD, HARRISO, OH, 45030		Summary of Violations: C 3 NC 0 R 3	
Person in Charge Lorina Holsman		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler serena campbell 7-15-2025			

• **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 COMFORT INN FERDINAND	Telephone Number (812) 998-2121	Date of Inspection (mm/dd/yr) 09/23/2022	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 10/03/2022
Owner's Address 3479 LAWRENCEVILLE SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Corinne Kania		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 #6878 (JASPER)	Telephone Number (Establishment) 812-482-3300	Date of Inspection (mm/dd/yr) 09/09/2022	ID # 50
Establishment Address (number and street, city, state, zip code) 617 WEST 6TH STREET, JASPER, IN, 47546	(Owner) 401-770-5324		
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 09/19/2022
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 Trinity Mayfield		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 FLEIG'S CAFÉ	Telephone Number (812) 367-1310 (812) 630-7723	Date of Inspection (mm/dd/yr) 09/23/2022	ID # 77
Establishment Address (number and street, city, state, zip code) 905 MAIN STREET, FERDINAND, IN, 47532			
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 10/03/2022
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 12/7/2026			

- 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 HAPPY HOUR SPORTS BAR AND GRILL		Telephone Number (812) 481-2400 (812) 639-8753		Date of Inspection (mm/dd/yr) 09/07/2022		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 09/17/2022	
Owner JEREMY BETZ				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>			
Owner's Address 766 N BEAVER LAKE RD., 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 JEREMY BETZ							
Responsible Person's E-mail							
Certified Food Handler Ethan Virden exp. 01/26/2024							

- 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 MIDWEST CAFÉ & MARKET		Telephone Number (812) 482-5115		Date of Inspection (mm/dd/yr) 09/09/2022		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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 09/19/2022	
Owner's Address 1250 JUSTIN STREET, JASPER, IN, 47546				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge KURT CASSIDY-GABHART							
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 COREY WUERTZ EXP 3/15/2026							

- 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 MY JALAPENO INC.	Telephone Number (812) 683-4048	Date of Inspection (mm/dd/yr) 09/09/2022	ID # 148
Establishment Address (number and street, city, state, zip code) 1107 N MAIN STREET, HUNTINGBURG, IN, 47542	(706) 224-9912		
Owner SUSAN RAMIREZ	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 09/19/2022
Owner's Address 240 Creek Drive, HULL, GA, 30646		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SUSAN RAMIREZ		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 Javier RAMIREZ EXP. 1/21/2026			

- 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 OASIS BAR AND GRILL	Telephone Number (812) 367-1250	Date of Inspection (mm/dd/yr) 09/23/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/03/2022
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		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 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): 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 #2776 -Sharma Inc. (@ 26th St.)	Telephone Number (812) 482-4422	Date of Inspection (mm/dd/yr) 09/09/2022	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 09/19/2022
Owner's Address 3289 ST. CHARLES, JASPER, IN, 47546		Summary of Violations: C 1 NC 0 R 0	
Person in Charge RINA AND PRAVEZ SHARMA- SHARMA INC.		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler 1/20/2026			

- 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 TRES AGAVES MEXICAN GRILL	Telephone Number (812) 998-2033	Date of Inspection (mm/dd/yr) 09/23/2022	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 10/03/2022
Owner's Address 206 CRESTMONT DRIVE, VINCENNES, IN, 47591		Summary of Violations: C 3 NC 0 R 3	
Person in Charge LAURA 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]

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 PINE RIDGE ELEMENTARY SCHOOL	Telephone Number (812-326-2324)	Date of Inspection (mm/dd/yr) 09/19/2022	ID # 244
Establishment Address (number and street, city, state, zip code) 4613 S. Pine Ridge Rd., Birdseye, 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 09/29/2022
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 MELINDA GUTGSELL		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 Gutgsell exp 11/11/2022			

- 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): 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) 09/14/2022	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 09/24/2022
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 MEMORIAL HOSPITAL	Telephone Number (812) 996-0519 () Owner	Date of Inspection (mm/dd/yr) 09/13/2022	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 09/23/2022
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 CELESTINE COMMUNITY CLUB		Telephone Number (812)-678-3631		Date of Inspection (mm/dd/yr) 09/07/2022		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 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 09/17/2022	
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 EPPL				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 HOLLY EPPL 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 MADI'S MAIN SQUEEZE	Telephone Number () Establishment 812-454-2501	Date of Inspection (mm/dd/yr) 09/12/2022	ID # 380
Establishment Address (number and street, city, state, zip code) 1611 NEWTON STREET, JASPER, IN, 47546	() Owner 812-454-2501		
Owner MADISON NIEDERBERGER	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/22/2022
Owner's Address 1611 NEWTON STREET, JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations:	
Person in Charge MADISON NIEDERBERGER	<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 EXCEMPT	<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 AZUL TEQUILA	Telephone Number () 812-482-7550	Date of Inspection (mm/dd/yr) 09/09/2022	ID # 385
Establishment Address (number and street, city, state, zip code) 101 PLACE RD., JASPER, IN, 47546	() Owner		
Owner SERGIO FLORES	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up No	Release Date 09/19/2022
Owner's Address 101 PLACE RD., JASPER, IN, 47546	<input type="checkbox"/> Follow-up	Summary of Violations: C 3 NC 2 R 2	
Person in Charge SERGIO FLORES	<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 OSCAR FLORES 1/23/2025	<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 Archie BBQ	Telephone Number (812) 361-2937	Date of Inspection (mm/dd/yr) 09/09/2022	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 type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up	Release Date 09/19/2022
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 <u>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</u>	
Responsible Person's E-mail			
Certified Food Handler Charles Archie exp. 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 THE KITCHEN/MADIS MAIN SQUEEZE	Telephone Number (812) 993-4100 (812) 993-4100	Date of Inspection (mm/dd/yr) 09/12/2022	ID # 455
Establishment Address (number and street, city, state, zip code) 1611 NEWTON ST, JASPER, IN, 47542			
Owner RYAN & 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 09/22/2022
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			

• **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 Chavas Mexican Grill	Telephone Number (812) 556-0135	Date of Inspection (mm/dd/yr) 09/26/2022	ID # 493
Establishment Address (number and street, city, state, zip code) 520 US 231, Jasper, IN, 47546	(812) Owner 812-229-1188		
Owner Mario Martinez	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 10/06/2022
Owner's Address PO Box 374, Brazil, IN, 47834		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Rikki Matheney		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 Rikki Matheney exp. 8/31/2027			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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) 10/19/2022	ID # 78
Establishment Address (number and street, city, state, zip code) 708 E 6TH STREET, HUNTINGBURG, IN, 47542	Owner 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 10/29/2022
Owner's Address P.O. BOX 168, HUNTINGBURG, IN, 47542		Summary of Violations: C 1 NC 1 R 1	
Person in Charge HEATHER BELCHER		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail 			
Certified Food Handler Heather Belcher exp. 3/15/2026			

- **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 Legacy Steakhouse	Telephone Number () Establishment 812-309-0235	Date of Inspection (mm/dd/yr) 10/24/2022	ID # 498
Establishment Address (number and street, city, state, zip code) 25 Indiana St, Jasper, IN, 47546	() Owner		
Owner Tracey Price	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	Release Date 11/03/2022
Owner's Address 25 Indiana St, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Tracey Price			
Responsible Person's E-mail		Menu Type (See additional page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler Jared Weisheit			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 OHANA HAWAIIAN GRILL	Telephone Number (Establishment) 812-482-1788	Date of Inspection (mm/dd/yr) 10/28/2022	ID # 152
Establishment Address (number and street, city, state, zip code) 3117 NEWTON STREET, JASPER, IN, 47546	(Owner) 812-679-9003		
Owner CHUNG YUAN MU	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/07/2022
Owner's Address 450 S COUNTRY CROSSING, JASPER, IN, 47546		Summary of Violations: C 4 NC 1 R 4	
Person in Charge CHUNG YUAN MU		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Myongsun Kim exp. 1/19/2027			

• **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:	



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 YAMATO		Telephone Number (812-556-0500)		Date of Inspection (mm/dd/yr) 10/28/2022	ID # 215
Establishment Address (number and street, city, state, zip code) 3015 N. NEWTON STREET, JASPER, IN, 47546		(Owner) (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 11/07/2022
Owner's Address 3015 NEWTON ST, JASPER, IN, 47546				Summary of Violations: C 1 NC 3 R 4	
Person in Charge DAVID DONG				Menu Type (See additional page) 1 2 3 4 5	
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"

Section#	C/NC	R	Narrative	To Be Corrected By
216	NC	R	Observed cardboard lining shelves in kitchen by cookline and dry storage area.	04/28/2023
234	NC	R	Observed scoops without handles in raw chicken in walk-in cooler and vegetables in double door refrigerator on prep line.	04/28/2023
173	C	R	Observed raw meat being stored above ready to eat foods in double door refrigerator on food prep line.	11/07/2022
256	NC	R	Observed no temperature measuring device in small refrigerator behind sushi bar area.	04/28/2023

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 Friends Hospitality of Huntingburg LLC	Telephone Number (812) 684-9494	Date of Inspection (mm/dd/yr) 10/19/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 10/29/2022
Owner's Address 8366 Shore Dr, Newburgh, IN, 47650		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Christy Schaefer		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 michelle dahlen 4-28-2025			

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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 Owsley's Lounge	Telephone Number (812) 559-0367 (317) 716-8042	Date of Inspection (mm/dd/yr) 10/18/2022	ID # 497
Establishment Address (number and street, city, state, zip code) 225 River Center Landing, Jasper, IN, 47546			
Owner Owsley Bear LLC	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 10/28/2022
Owner's Address 225 River Center Landing, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Shawn 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 Rodney Welp exp.			

- 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 APPLEBEE'S NEIGHBORHOOD GRILL & BAR	Telephone Number (812) 481-2838 (316) 685-1622	Date of Inspection (mm/dd/yr) 11/23/2022	ID # 6
Establishment Address (number and street, city, state, zip code) 4223 MANNHEIM ROAD, JASPER, IN, 47546			
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 12/03/2022
Owner's Address P.O. BOX 780732, WICHITA, KS, 67278		Summary of Violations: C <u>2</u> NC <u>1</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. 8/26/2026			

• **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 ARBY'S #5392	Telephone Number () 812-482-7111	Date of Inspection (mm/dd/yr) 11/23/2022	ID # 7
Establishment Address (number and street, city, state, zip code) 3739 N. NEWTON STREET, JASPER, IN, 47546	() 678-514-4100		
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 12/03/2022
Owner's Address 3 GLENLAKE PARKWAY NE, ATLANTA, GA, 30328		Summary of Violations: C 1 NC 0 R 1	
Person in Charge Jonathan Crumes		Menu Type (See additional page) 1 2 3 4 5	
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"
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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 BURGER KING #1002	Telephone Number (812) 634-9669 (315) 424-0513	Date of Inspection (mm/dd/yr) 11/18/2022	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 11/28/2022
Owner's Address 968 JAMES STREET, SYRACUSE, NY, 13203		Summary of Violations: C 1 NC 1 R 2	
Person in Charge richard warfel		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler margaret robinson 7/16/2025			

• **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 DOLLAR GENERAL STORE #7817	Telephone Number (812) 610-9972 (615) 855-4000	Date of Inspection (mm/dd/yr) 11/28/2022	ID # 59
Establishment Address (number and street, city, state, zip code) 1801 Sr 162,, 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 12/08/2022
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 tammy fiske			
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 DAIRY QUEEN GRILL & CHILL	Telephone Number (812) 683-5083	Date of Inspection (mm/dd/yr) 11/30/2022	ID # 63
Establishment Address (number and street, city, state, zip code) 1404 N MAIN, HUNTINGBURG, IN, 47542	(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 12/10/2022
Owner's Address 814 RIDGEWAY DR., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>	
Person in Charge JESSICA SCHMETT		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 Schmett exp. 9/16/2026			

- 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 FEHRIBACH STOP INN, INC.	Telephone Number () 812-683-4220	Date of Inspection (mm/dd/yr) 11/09/2022	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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/19/2022
Owner's Address 980 S DEER RUN ROAD, HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge WAYNE FEHRIBACH		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:	

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 JOYCE HOPF PIES	Telephone Number (812) 661-2110	Date of Inspection (mm/dd/yr) 11/19/2022	ID # 101
Establishment Address (number and street, city, state, zip code) 3570 S 1025 E, BIRDSEYE, IN, 47513	(812) 661-2110		
Owner DAVID & JOYCE HOPF	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2022
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. 3/13/2023			

- 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): 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) 11/14/2022	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 11/24/2022
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		
	<input type="checkbox"/> Temporary	Menu Type (See additional page)	
Certified Food Handler KIM MUNDY EXP 3/13/22	<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 KELLEY'S RESTAURANT & BAR		Telephone Number (812) 634-1323 (812) 630-2831		Date of Inspection (mm/dd/yr) 11/21/2022		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 12/01/2022	
Owner JEFF KELLEY				Summary of Violations: C <u>1</u> NC <u>0</u> R <u>1</u>			
Owner's Address 1077 N STATE ROAD 545, CELESTINE, IN, 47521							
Person in Charge JEFF KELLEY							
Responsible Person's E-mail							
Certified Food Handler annette linne EXP 7/24/23		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 LONG JOHN SILVER'S #70196	Telephone Number (812) 482-2132 (502) 815-6114	Date of Inspection (mm/dd/yr) 11/23/2022	ID # 128
Establishment Address (number and street, city, state, zip code) 3960 N. NEWTON STREET, JASPER, IN, 47546			
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 12/03/2022
Owner's Address 103 COOPER ST., BABYLON, NY, 11749		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in Charge David Chapman		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 Vicky Hagan exp. 2/23/2021			

- **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): 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) 11/21/2022	ID # 129
Establishment Address (number and street, city, state, zip code) 198 S NEWTON STREET, JASPER, IN, 47546		(812) 499-8151			
Owner maria loya		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <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 12/01/2022
Owner's Address 5977 MEDINAH DR., NEWBURGH, IN, 47630				Summary of Violations: C <u>5</u> NC <u>3</u> R <u>6</u>	
Person in Charge Martin Loya Jr				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					

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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
347	NC	R	Observed paper towel dispenser in kitchen to not be working and no paper towels at hand washing sink behind bar.	05/22/2023
342	NC	R	Observed hand sink behind bar to not have any hot water and hand sink in kitchen to only be reaching 84.5 degrees Fahrenheit.	05/22/2023
438	C	R	Observed spray bottles with cleaner not properly labeled.	12/01/2022
351	NC	R	Observed receptacles in women's bathroom not having lids.	05/22/2023
177	C	R	Observed several boxes being stored on the floor in walk-in freezer and bags of beans in storage room.	12/01/2022
295	C		Observed buildup of dust/dirt/debris on fans in both walk-in coolers.	12/01/2022
173	C	R	Observed raw fish being stored above ready to eat foods in walk-in cooler.	12/01/2022
344	C		Observed hand washing sink in kitchen to have dirty rags and dishes sitting in it.	12/01/2022

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 McDONALD'S #5349 (Jasper South)	Telephone Number (812) 482-7778	Date of Inspection (mm/dd/yr) 11/21/2022	ID # 138
Establishment Address (number and street, city, state, zip code) 450 HWY 231 S, JASPER, IN, 47546	(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 12/01/2022
Owner's Address P.O. BOX 710, JASPER, IN, 47546		Summary of Violations: C 1 NC 3 R 2	
Person in Charge Zach Peek		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Zach Peek 5/7/2023			

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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:	

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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) 11/28/2022	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 12/08/2022
Owner's Address 3944 Fox Hollow Ct, JASPER, IN, 47546		Summary of Violations: C 0 NC 0 R 0	
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			

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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 PIZZA HUT #316854 (HUNTINGBURG)	Telephone Number (812-683-0130)	Date of Inspection (mm/dd/yr) 11/30/2022	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 12/10/2022
Owner's Address 3301 STOBBER RD, LOUISVILLE, KY,		Summary of Violations: C 0 NC 0 R 0	
Person in Charge MARINA J FORTES		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail 			
Certified Food Handler Rita McKee 12-19-2023			

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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:	

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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 <small>(Employee)</small>	Date of Inspection (mm/dd/yr) 11/28/2022	ID # 164
Establishment Address (number and street, city, state, zip code) 440 S MAIN STREET, FERDINAND, IN, 47532	(812) 661-9658 <small>(Owner)</small>		
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 12/08/2022
Owner's Address 3289 ST CHARLES ST, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in Charge PRAVEZ SHARMA			
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 Claudec Gogel Jr 1/20/2026			

- **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 SANDER CATERING	Telephone Number (812) 634-1018	Date of Inspection (mm/dd/yr) 11/21/2022	ID # 169
Establishment Address (number and street, city, state, zip code) 1137 S. CLAY ST., JASPER, IN, 47546	(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 12/01/2022
Owner's Address 1137 S. CLAY ST., JASPER, IN, 47546		Summary of Violations: C 1 NC 0 R 1	
Person in Charge ALEX ZEHR		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Mary Schepers 2/21/2024			

• **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 SCHNITZELBANK CATERING	Telephone Number (812) 634-2584	Date of Inspection (mm/dd/yr) 11/28/2022	ID # 173
Establishment Address (number and street, city, state, zip code) 409 3RD AVENUE, JASPER, IN, 47546	(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 12/08/2022
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 Jessica Douglas		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 James Boaz exp. 04/03/2023			

- 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 SCHNITZELBANK RESTAURANT	Telephone Number () Establishment 812-482-2640 () Owner 812-631-1801	Date of Inspection (mm/dd/yr) 11/28/2022	ID # 174
Establishment Address (number and street, city, state, zip code) 393 3RD AVENUE, JASPER, IN, 47546			
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 12/08/2022
Owner's Address 443 N. Whoderville Rd., JASPER, IN, 47546		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in Charge Barb Luebbehusen		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 Barb Luebbehusen exp. 04/03/2023			

- 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 SNAPS	Telephone Number () 812-848-7627	Date of Inspection (mm/dd/yr) 11/09/2022	ID # 177
Establishment Address (number and street, city, state, zip code) 1115 MAIN STREET, JASPER, IN, 47546	() 812-639-3022		
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 11/19/2022
Owner's Address 605 N 310 E, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</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			

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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 SUBWAY #10492 (Ferdinand)	Telephone Number (812) 367-0808 (270) 577-3169	Date of Inspection (mm/dd/yr) 11/28/2022	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 12/08/2022
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			

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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 #28879 (Jasper)	Telephone Number (812) 634-9536 (503) 722-2825	Date of Inspection (mm/dd/yr) 11/18/2022	ID # 194
Establishment Address (number and street, city, state, zip code) 3592 NEWTON STREET, JASPER, IN, 47546			
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 11/28/2022
Owner's Address 6200 OAK TREE BLVD. STE 250, INDEPENDENCE, OH, 44131		Summary of Violations: C 0 NC 1 R 0	
Person in Charge Audra Racime		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail			
Certified Food Handler VICTORIAH HATLER 6-22-2027			

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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 #31692 (Ferdinand)	Telephone Number (812) 367-0817	Date of Inspection (mm/dd/yr) 11/28/2022	ID # 195
Establishment Address (number and street, city, state, zip code) 420 S MAIN STREET, FERDINAND, IN, 47532	Owner (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 12/08/2022
Owner's Address 6200 OAK TREE BLVD. STE 250, INDEPENDENCE, OH, 44131		Summary of Violations: C 0 NC 1 R 1	
Person in Charge Randy Still		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
Responsible Person's E-mail _____			
Certified Food Handler Randy Still exp. 1/3/2025			

• **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): 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 TAQUERIA EL LLANO	Telephone Number (812) 351-4571	Date of Inspection (mm/dd/yr) 11/21/2022	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 12/01/2022
Owner's Address 3828 N. PORTERSVILLE RD #54, JASPER, IN, 47546		Summary of Violations: C 3 NC 2 R 3	
Person in Charge FRANCISCA GONZALEZ		Menu Type (See additional page) 1 0 2 0 3 1 4 0 5 0	
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): 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 MIRANDA'S RESTAURANT	Telephone Number (812) 634-7861	Date of Inspection (mm/dd/yr) 11/09/2022	ID # 199
Establishment Address (number and street, city, state, zip code) 1338 NEWTON STREET, JASPER, IN, 47546	(812) 309-0053		
Owner ADRIAN MIRAANDA / Juan A. 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 11/19/2022
Owner's Address 602 W 7TH STREET, APT 16, JASPER, IN, 47546		Summary of Violations: C <u>3</u> NC <u>1</u> R <u>4</u>	
Person in Charge JUAN 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 Oscar Flores Delgado exp 1/23/2025			

• **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 V.F.W. POST #2366		Telephone Number 812-683-2366 <small>() Establishment</small> 812-683-2366 <small>() Owner</small>		Date of Inspection (mm/dd/yr) 11/30/2022	ID # 203
Establishment Address (number and street, city, state, zip code) 314 N GEIGER 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 12/10/2022
Owner HUNTINGBURG VETERANS ASSOCIATION				Summary of Violations:	
Owner's Address P.O. BOX 15, HUNTINGBURG, IN, 47542				C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Kristy Nelson				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 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"					
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): 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 WENDY'S #57830	Telephone Number (812) 683-5905	Date of Inspection (mm/dd/yr) 11/30/2022	ID # 208
Establishment Address (number and street, city, state, zip code) 1209 N. MAIN STREET, HUNTINGBURG, IN, 47542	(562) 425-1402		
Owner W.K.S 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 12/10/2022
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 <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 CHARLES DREW 10/10/2024			

- 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 WENDY'S #11099	Telephone Number () Establishment 812-482-3111	Date of Inspection (mm/dd/yr) 11/23/2022	ID # 210
Establishment Address (number and street, city, state, zip code) 3565 NEWTON STREET, JASPER, IN, 47546	() Owner 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 12/03/2022
Owner's Address 5856 CORPORATE AVE STE 200, CYPRESS, CA, 90630		Summary of Violations: C 0 NC 1 R 0	
Person in Charge wendy copley		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler John Swick 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 PUB 'N' GRUB	Telephone Number (812) 631-0188	Date of Inspection (mm/dd/yr) 11/09/2022	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 11/19/2022
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): 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 TICKLEBELLY HILL / DBA OINK INC SMOKE HOUSE	Telephone Number (812) 630-5638	Date of Inspection (mm/dd/yr) 11/19/2022	ID # 394
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 11/29/2022
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 12/27/2022			

• **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 DUNKIN'	Telephone Number (856) 904-2222	Date of Inspection (mm/dd/yr) 11/18/2022	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 11/28/2022
Owner's Address 4672 PICADILLY CIRCLE, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</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): 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 STAY BREWED	Telephone Number (812) 661-9576	Date of Inspection (mm/dd/yr) 11/19/2022	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 No	Release Date 11/29/2022
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”
- VIOLATION(S) REPEATED 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 ZAXBY'S	Telephone Number (812) 559-0949	Date of Inspection (mm/dd/yr) 11/23/2022	ID # 426
Establishment Address (number and street, city, state, zip code) 4277 MANNHEIM ROAD, JASPER, IN, 47546	(502) 648-0099		
Owner Gerald Ayres	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/03/2022
Owner's Address 11820 Ransom Dr Ste. 101, Louisville, KY, 40243		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Pat Wingfield		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 Ashlynn Williams exp. 6/2/2027			

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

- VIOLATION(S) REPEATED 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 AUNTIE ANNIES PRETZEL TRUCK		Telephone Number (502) 510-2306		Date of Inspection (mm/dd/yr) 11/28/2022		ID # 446	
Establishment Address (number and street, city, state, zip code) 10 Hillwood Circle, ELIZABETHTOWN, KY, 42701		(502) 510-2306					
Owner SAMANTHA HARDESTY		Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 12/08/2022	
Owner's Address 10 Hillwood Circle, ELIZABETHTOWN, KY, 42701				Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge Jasmine Ireland				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 JASMINE IRELAND 5/23							

- 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): 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 #24064	Telephone Number () Establishment 615-855-4000	Date of Inspection (mm/dd/yr) 11/16/2022	ID # 462
Establishment Address (number and street, city, state, zip code) 4625 S State Rd 162, Huntingburg, IN, 47542	Owner () Owner 615-855-4000		
Owner Dollar General Store #24064	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 11/26/2022
Owner's Address 100 Mission Ridge Attn: Tax Licensing, Goodlettsville, TN, 37072		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Ryan Wilcox		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 Starbucks Coffee #69077	Telephone Number (812) 556-3608	Date of Inspection (mm/dd/yr) 11/18/2022	ID # 481
Establishment Address (number and street, city, state, zip code) 4276 N Newton St, Jasper, IN, 47546	(206) 318-1575		
Owner Starbucks Coffee	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 11/28/2022
Owner's Address PO Box 34442-TAX2, Seattle, WA, 98124		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Alie Fannin		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 Alie Fannin			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED 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 CULVER'S OF JASPER	Telephone Number (812) 219-4938	Date of Inspection (mm/dd/yr) 11/22/2022	ID # 483
Establishment Address (number and street, city, state, zip code) 1907 N. NEWTON ST, JASPER, IN, 47546	(812) 219-4938		
Owner SCOTT LASKOWSKI	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 12/02/2022
Owner's Address 1907 N. NEWTON ST, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge SCOTT LASKOWSKI		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 CLARK EXP. 8/06/2024			

- 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 SIPS AND SNACKS	Telephone Number (812) 912-0803	Date of Inspection (mm/dd/yr) 11/19/2022	ID # 484
Establishment Address (number and street, city, state, zip code) 8104 S FERDINAND RD NW, FERDINAND, IN, 47532	(812) 912-0803		
Owner JORDAN & BRITTNEY LUNDY	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 11/29/2022
Owner's Address 8104 S FERDINAND RD NW, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JORDAN & BRITTNEY LUNDY		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): 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 Rosie's Tavern	Telephone Number (812) 326-2201 (812) 631-9480	Date of Inspection (mm/dd/yr) 12/28/2022	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 01/07/2023
Owner's Address 4595 Baden Strasse, Jasper, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Savanna & Shane Haas		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 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:	

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana 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 () Ext. () 812-678-2225	Date of Inspection (mm/dd/yr) 12/16/2022	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	Follow-up No	Release Date 12/26/2022
Owner's Address 11018 E SR 56, FRENCH LICK, IN, 47432	<input type="checkbox"/> Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge JOHN AND SANDRA BAKER	<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 SANDRA BAKER 11/14/22	<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"
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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 BARNYARD BAR-B-Q CATERING LLC.		Telephone Number (812) 634-2638		Date of Inspection (mm/dd/yr) 12/13/2022		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 12/23/2022	
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 11/20/2023							

- 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 BIG LOTS #254	Telephone Number () Establishment 812-482-2150	Date of Inspection (mm/dd/yr) 12/12/2022	ID # 13
Establishment Address (number and street, city, state, zip code) 195 S US HWY 231, JASPER, IN, 47546	() Owner 614-278-3627		
Owner BIG LOTS STORES, 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 12/22/2022
Owner's Address 4900 East Dublin Grandville Rd., WESTERVILLE, OH, 43081		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge BIG LOTS STORES, 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			

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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 CHINA GARDEN		Telephone Number (812) 367-8200 (718) 909-3092		Date of Inspection (mm/dd/yr) 12/21/2022		ID # 29	
Establishment Address (number and street, city, state, zip code) 75 INDUSTRIAL PARK ROAD, SUITE B, 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 12/31/2022	
Owner YAN HONG ZHANG (LYNN)				Summary of Violations: C <u>0</u> NC <u>2</u> R <u>2</u>			
Owner's Address 449 PRANCER DR. N, SANTA CLAUS, IN, 47549				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 Hui Li							
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”**

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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 GI #820	Telephone Number () 812-482-4331	Date of Inspection (mm/dd/yr) 12/12/2022	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 12/22/2022
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 brittany boger 4-15-2024	<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”
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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 CIRCLE "S" MART #32 (Huntingburg)	Telephone Number (812-683-5003)	Date of Inspection (mm/dd/yr) 12/14/2022	ID # 43
Establishment Address (number and street, city, state, zip code) 301 S. MAIN STREET, HUNTINGBURG, IN, 47542	(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 12/24/2022
Owner's Address P.O. BOX 39, TELL CITY, IN, 47586		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge Brent 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 brent lechner 7-19-2027			

- 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 CVS PHARMACY #6881 (HUNTINGBURG)		Telephone Number (812) 683-3309		Date of Inspection (mm/dd/yr) 12/14/2022	ID # 51
Establishment Address (number and street, city, state, zip code) 610 N MAIN STREET, HUNTINGBURG, IN, 47542		(401) 770-5324			
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 12/24/2022
Owner's Address ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895				Summary of Violations: C 1 NC 0 R 1	
Person in Charge ANTHONY CASTELLO					
Responsible Person's E-mail				Menu Type (See additional page) 1 2 3 4 5	
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:	

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): 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 FAZOLI'S #1675	Telephone Number (812) 634-1574	Date of Inspection (mm/dd/yr) 12/12/2022	ID # 72
Establishment Address (number and street, city, state, zip code) 703 THIRD AVENUE, JASPER, IN, 47546	(859) 825-6248		
Owner FAZOLI'S JOINT VENTURE, LTD	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/22/2022
Owner's Address 2470 PALUMBO DRIVE, LEXINGTON, KY, 40509		Summary of Violations: C 3 NC 1 R 2	
Person in Charge Dillon Ameling		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler DILLON AMELING EXP. 8/25/2026			

- **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 GROUND	Telephone Number () 812-482-4060	Date of Inspection (mm/dd/yr) 12/12/2022	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 12/22/2022
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>○</u> 2 <u>○</u> 3 <u>●</u> 4 <u>○</u> 5 <u>○</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”
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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 HEADQUARTERS INC.	Telephone Number (812) 482-3411	Date of Inspection (mm/dd/yr) 12/14/2022	ID # 91
Establishment Address (number and street, city, state, zip code) 201 MAIN STREET, JASPER, IN, 47546	(812) Owner 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 12/24/2022
Owner's Address 933 Eisenhower Ave, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in Charge ANDREW J. FRITCH		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 Jayme Lorey 3/12/2024			

- **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 HOMESTEAD PIZZA LLC	Telephone Number (812) 367-1808	Date of Inspection (mm/dd/yr) 12/21/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/31/2022
Owner's Address PO Box 215, FERDINAND, IN, 47532		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</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. 9/11/23			

- 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): 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 HOMETOWN IGA #450 (Jasper)	Telephone Number (812) 482-3166	Date of Inspection (mm/dd/yr) 12/12/2022	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 12/22/2022
Owner's Address 611 BARTLEY STREET, JASPER, IN, 47546		Summary of Violations: C 1 NC 1 R 2	
Person in Charge Jim Perkins		Menu Type (See additional page) 1 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler james perkins 9/16/2025			

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

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[illegible]

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cc:	cc:	cc:	

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 JASPER FLOWERS & GIFTS	Telephone Number (812) 634-2700	Date of Inspection (mm/dd/yr) 12/12/2022	ID # 113
Establishment Address (number and street, city, state, zip code) 1524 NEWTON STREET, JASPER, IN, 47546	(812) 309-1404		
Owner LISA LAMONT	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/22/2022
Owner's Address 3865 W 250 S, JASPER, IN, 47546		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge LISA LAMONT		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 Ken Hurst exp. 3/12/2025			

- 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 KALB'S CROSSROADS SERVICE	Telephone Number (812) 678-5358	Date of Inspection (mm/dd/yr) 12/16/2022	ID # 119
Establishment Address (number and street, city, state, zip code) 5130 E HWY 56, DUBOIS, IN, 47527	() Owner 812-678-5358		
Owner MORRIS AND GERALD KALB	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/26/2022
Owner's Address 5130 E HWY 56, DUBOIS, IN, 47527		Summary of Violations: C <u>0</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”
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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 KLUB HAUS 61	Telephone Number () Establishment 812-482-2898	Date of Inspection (mm/dd/yr) 12/14/2022	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 12/24/2022
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/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:	

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) 12/14/2022	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 12/24/2022
Owner's Address 2150 W. SHILOH LANE, JASPER, IN, 47546		Summary of Violations: C 1 NC 0 R 1	
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 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 NICHOLSON VALLEY STORE	Telephone Number (812) 678-3333	Date of Inspection (mm/dd/yr) 12/16/2022	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 12/26/2022
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) 12/14/2022	ID # 153
Establishment Address (number and street, city, state, zip code) 304 E 4TH STREET, HUNTINGBURG, IN, 47542	() 812-630-8618		
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 12/24/2022
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 RALLY'S (COSSAR JOINT VENTURE LLC)		Telephone Number (812-634-9001) <small>() Owner</small> (734-510-4249)		Date of Inspection (mm/dd/yr) 12/14/2022		ID # 163	
Establishment Address (number and street, city, state, zip code) 368 US HWY 231 S, 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 12/24/2022	
Owner shawn camalig				Summary of Violations: C 2 NC 2 R 2			
Owner's Address 275 river centre landing , jasper, in, 47546				Menu Type <i>(See additional page)</i> 1 0 2 0 3 1 4 0 5 0			
Person in Charge shawn camalig							
Responsible Person's E-mail							
Certified Food Handler shawn camalig 11-9-2027							

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

• VIOLATION(S) REPEATED 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) 12/14/2022	ID # 188
Establishment Address (number and street, city, state, zip code) 1490 N MERIDIAN ROAD, JASPER, IN, 47546	(812) 482-1009		
Owner CHRIS TRETTER	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/24/2022
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 5/12/26			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED 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) 12/05/2022	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 12/15/2022
Owner's Address 610 S Foxtrot Ct., HUNTINGBURG, IN, 47542		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge MISSY FRYE		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 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) 12/12/2022	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 12/22/2022
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 type="radio"/> 3 <input checked="" 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	Date of Inspection (mm/dd/yr) 12/12/2022	ID # 191
Establishment Address (number and street, city, state, zip code) 951 WERNSING ROAD, JASPER, IN, 47546	(509) 759-5544		
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 12/22/2022
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”
- VIOLATION(S) REPEATED 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 WOOPENHEIMER'S BAR AND GRILL		Telephone Number (812)-695-3211		Date of Inspection (mm/dd/yr) 12/16/2022		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 12/26/2022	
Owner's Address 1839 US HWY 231, LOOGOOTEE, IN, 47546				Summary of Violations: C <u>0</u> NC <u>1</u> R <u>1</u>			
Person in Charge BRANDON AND LUCINDA GRIMES							
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 LUCINDA GRIMES EXP 8/18/2026							

- 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 CHRISTIAN MINISTRIES OF HUNTINGBURG, INC.	Telephone Number (812) 683-5490	Date of Inspection (mm/dd/yr) 12/14/2022	ID # 220
Establishment Address (number and street, city, state, zip code) 321 E 4TH STREET, HUNTINGBURG, IN, 47542	(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 12/24/2022
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge TOM MEYER		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 DUBOIS COUNTY COMMUNITY FOOD BANK		Telephone Number (812) 482-9009		Date of Inspection (mm/dd/yr) 12/12/2022		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 12/22/2022	
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 type="radio"/> 3 <input checked="" 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): 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) 12/12/2022	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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/22/2022
Owner's Address 10877 WEST ENGLISH COURT, NEWBURGH, IN, 47630		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge 10877 WEST ENGLISH COURT			
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 michael weiland 6/12/23			

- 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): 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 Thyen-Clark Cultural Center	Telephone Number (Establishment) 812-482-3070	Date of Inspection (mm/dd/yr) 12/14/2022	ID # 340
Establishment Address (number and street, city, state, zip code) 100 3rd ave suite a, jasper, IN, 47546	(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 12/24/2022
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"
- VIOLATION(S) REPEATED 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 JASPER	Telephone Number (812) 556-2888	Date of Inspection (mm/dd/yr) 12/12/2022	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 12/22/2022
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 jessica		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 until november to get servsafe			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED “C”
- VIOLATION(S) REPEATED 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 FRIENDS HOSPITALITY OF FERDINAND LLC		Telephone Number (812) 367-0951		Date of Inspection (mm/dd/yr) 12/21/2022		ID # 388	
Establishment Address (number and street, city, state, zip code) 40 INDUSTRIAL PARK RD, FERDINAND, IN, 47532		Owner (812) 430-6125		Follow-up No		Release Date 12/31/2022	
Owner MANISH MALHOTRA		Purpose: <input checked="" type="checkbox"/> Routine		Summary of Violations: C 0 NC 0 R 0			
Owner's Address 8366 SHORE DRIVE, NEWBURGH, IN, 47630		<input type="checkbox"/> Follow-up					
Person in Charge MANISH MALHOTRA		<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 Michael Ferguson 8/25/2026		<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): 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) 12/28/2022	ID # 401
Establishment Address (number and street, city, state, zip code) 4535 S. ST. JOSEPH STREET P.O. BOX 44, ST. ANTHONY, IN, 47575			
Owner ARNIE WELP	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/07/2023
Owner's Address		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge ARNIE WELP		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 Arnold Welp 8/2/2026			

- 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 MI PAIS MARKET		Telephone Number (812) 684-8090 (812) 470-6776		Date of Inspection (mm/dd/yr) 12/14/2022	ID # 415
Establishment Address (number and street, city, state, zip code) 405 S MAIN 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 12/24/2022
Owner JOSE FLORES				Summary of Violations: C 1 NC 0 R 0	
Owner's Address 209 E 1st Ave, HUNTINGBURG, IN, 47542				Menu Type (See additional page) 1 2 3 4 5	
Person in Charge JOSE FLORES					
Responsible Person's E-mail					
Certified Food Handler Karen Herrera 6/14/2026					

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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) 12/28/2022		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 <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____		Follow-up No		Release Date 01/07/2023	
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 <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): 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) 12/12/2022	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 12/22/2022
Owner's Address 5499 W Oak Ridge Dr, 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 <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 Tracy Anderson 12-24-2026			

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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 SANDER FAMILY MEAT MARKET	Telephone Number (812) 326-1001	Date of Inspection (mm/dd/yr) 12/28/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 01/07/2023
Owner's Address 4757 Deer Trail, Huntingburg, IN, 47542		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge KENT SANDER		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 Tara Leisman exp. 03/02/2027			

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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 C and C Charcuterie, LLC	Telephone Number (270-570-5731)	Date of Inspection (mm/dd/yr) 12/14/2022	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/24/2022
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 <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			

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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
			**Commissary stated that they have not seen Chelsea prep	
			there in months**	

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 McAlister's Deli	Telephone Number (812) 817-0687	Date of Inspection (mm/dd/yr) 12/14/2022	ID # 440
Establishment Address (number and street, city, state, zip code) 3803 N Newton St, Jasper, IN, 47546	(971) 219-3336		
Owner McAlister's Deli	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up No	Release Date 12/24/2022
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			

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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:	