

State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		Bl	JTTER INC.	Telephone Number (812-634-5535	Date of Insp (mm/dd/yr)		1D# 15
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)		01/13/	2022	10
	/ 15TI	<u> </u>	STREET, JASPER, IN, 47546	⁽ 812-568-0818		1	
Owner JENN	IFER	SC	CHUETTER	Purpose: Routine	Follow-up NO		e Date 23/2022
Owner's Ac			STREET IACRED IN 47546	Follow-up	Summary o	f Violation	ns:
Person in C		<u> </u>	STREET, JASPER, IN, 47546	Complaint	\mathbf{O}	NC_) ()
JENN	IFER	SC	CHUETTER	Pre-Operational	C	NC_	R
Responsible	e Person's	E-mai	il .	Temporary HACCP	Menu Type	: (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
JENNI	FER S	SCI	HUETTER exp. 8/30/2021			<u> </u>	<u></u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
Received by	(marine and	սու	,cu).	Christina Pie	/		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
					i		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme BRF\		SP	PER LLC	Telephone Number (812-556-0017	Date of Insp (mm/dd/yr)		ID# 17
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	812-661-7552	01/28/	2022	. ,
	AIN S	<u> </u>	REET, JASPER, IN, 47546				
Owner JASO	N MC	CC	Υ	Purpose: Routine	Follow-up No		e Date 07/2022
Owner's Ac				Follow-up	Summary o	f Violatior	is:
		0 8	S, LOOGOOTEE, IN, 47553	Complaint	\mathbf{O}	() (
Person in C JASO		CC	Υ	Pre-Operational Temporary	c_ U	NC_	P R U
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc ($)_3$	\bigcap
Certified For ROBIN			(S 10-7-2026		1 <u>U</u> 2	<u>3</u> C	74 <u>05</u> 0
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	rrected By
			No violations observed at tim	ne of inspection.			
					+		
Received by	(name and	title p	orinted):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm BRICK		ΞN	PIZZA / CHESTER CHICKEN	Telephone Number 812-481-2766	Date of Ins (mm/dd/yr 01/19)	1D# 18
			mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	⁽ 812-309-2097	01/19	/2022	
Owner ROBE	RTK	NI	GHT	Purpose:	Follow-up		e Date 29/2022
Owner's Ac 13465		₹ 6	2, GENTRYVILLE, IN, 47537	Follow-up Complaint	Summary	of Violation	_
Person in C		NI	GHT	Pre-Operational Temporary	$_{\rm C}$	NC_(<u> </u>
Responsible	e Person's	E-ma	il	НАССР	Menu Typ		tional page)
Certified For Robert			6-28-2023	Other (list)	1 2	<u></u>	<u> 1405</u>
• CRITICAI	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at tim	ne of inspection.			
			The violations appeared at an	io di mopodiiom			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	ΚO\		N PIZZA		ephone Number 12-683-2674	Date of Inspe (mm/dd/yr)		ID# 19	
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 8 ²	12-683-2674	01/20/2	2022		
Owner Denni		lac	kson	<u> </u>	pose: Routine	Follow-up NO		e Date 07/2022	
Owner's Ac		TR	EET, HUNTINGBURG, IN, 47542		Follow-up Complaint	Summary of	_	_	
Person in C Dennis		ac	kson	=	Pre-Operational	$_{\rm c}$	NC_($\frac{\mathbf{D}}{\mathbf{R}}$	
Responsible				\blacksquare	Temporary HACCP	Menu Type (See additional page)			
Certified Fo			exp. 1/15/2024	\blacksquare	Other (list)	102	<u>)</u> 3	04050	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKE	ED "C"				
	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMAR	RY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative					rrected By	
296	С		Observed mold buildup on ice ma	achir	ne from moistu	re.	02/0	7/2022	
295	С		Observed buildup of dust/dirt/debris	s on	vents above fr	yers.	02/0	7/2022	
345	С		Observed hand washing sink broker	n ar	nd in need of re	pair.	02/0	7/2022	
Received by	(name and	title p			rmberlee	inted):			
Received by	(signature)):		Inspe	cted by (signature):				
cc:			cc:			cc:			



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Establishm RUFF		۱۸	/INGS AND F	RINGS		12-482-9464	Date of Ins (mm/dd/yr)	1D# 21
Establishm	ent Addres	s (nu	mber and street, city, state, z	ip code)	(_		01/31	/2022	21
	HOSPI	TΑ	LITY DRIVE, JA	SPER, IN, 47546		12-630-4169			
Owner MIKE	WEY	ER	<u> </u>			rpose: Routine	Follow-up No		10/2022
Owner's A		:67	, JASPER, IN,	17517		Follow-up	Summary	of Violation	
Person in C		007	, JASPLIX, IIV,	41341	L	Complaint	1	1	2
Ann B		tt				Pre-Operational	C	_{NC_} 1	_ R_ _ _
Responsible	e Person's	E-ma	il		_	Temporary HACCP	Menu Typ	e (See addit	ional page)
Certified F	ood Handle	er			Other (list) $1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5$				
Ann B	ennett	ex	p. 1/23/2024				1	<u> </u>	<u></u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST	Γ AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE N							ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	K.	Narrative					rrected By
343	С	R	Observed no work	ting hand sink in the l			ees to	02/1	0/2022
				properly wash ha	nd	S			
346	NC	R	Observed no hand	soap in the bar area	for	employees to pr	operly	08/0	1/2022
				clean hands.					
Received by	(name and	title p	orinted):			ected by (name and title pr	rinted):		
Received by	Received by (signature):					ected by (signature):			
cc:				cc:			cc:		



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Establishmo		λV	/ BAR	Telephone Number	Date of Ins (mm/dd/yr		ID# 22
_			mber and street, city, state, zip code)	219-204-8655	01/14	/2022	22
			S, FERDINAND, IN, 47532	⁽ 219-204-8655			
Owner RIAN	KERS	ST.		Purpose:	Follow-uj		e Date 24/2022
Owner's Ad	ldress		_	Follow-up	Summary	of Violation	
213 Sa	avann	ah	Dr, HUNTINGBURG, IN, 47542	Complaint	_ `	_	_
Person in C				Pre-Operational	_c Z	$_{\rm NC}$, 1
RIAN	KERS	ST		Temporary		. 110	K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	pe <i>(See addit</i>	ional page)
				Other (list)		\bigcirc_3	
Certified For RIAN I			06-26-2025		1 2	<u>3</u>	<u>′4∪5</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
191	С	R	Observed cheese in cooler below prep line	and frozen meats in	freezer	01/2	24/2022
			missing labels and	dates.		1	
433	NC		Observed mop not being	hung to dry.		07/1	4/2022
295	С		Observed buildup of dust/dirt on	fan in walk-in coole	er.	01/2	24/2022
						1	
						1	
						1	
						1	
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm CHIC		Р	LACE, LLC.	Telephone Number (812-482-7600	Date of Ins (mm/dd/yr 01/14)	ID# 28
Establishm 4970	ent Addres WST	ss (nu . R	mber and street, city, state, zip code) D 56, JASPER, IN, 47546	⁽ 812-639-2631	01/14	/2022	
Owner CHRIS	S HIM	1SE	ĒL	Purpose: Routine	Follow-up		e Date 24/2022
	W 50	N,	Velpen, IN, 47590	Follow-up Complaint	-	of Violation	
Person in C	YRE			Pre-Operational Temporary			$\frac{0}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Foundation			RT exp. 12/13/23	Other (list)	1 2		<u> 14050</u>
• CRITICAI	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	0,11.0		No Violations observed at ti	me of inspection			
			THE VIOLATIONS SECTION AT IT	mo or mopodion			
Received by	(name and	title	printed):	Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		$\cap \iota$	•	Telephone Number	Date of Ins (mm/dd/yr		ID#
CHIN				812-683-8511	01/26	5/2022	30
			mber and street, city, state, zip code) EEET, HUNTINGBURG, IN, 47542	(91 7 -915-9997			
Owner	(IAN(- C	:AI	Purpose:	Follow-uj		e Date 05/2022
Owner's Ad			7 U	 			
		TR	EET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	harge			Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_1	_D 2
YAN X				Temporary	. NC	_ N	
Responsible	Person's	E-ma	il	HACCP	Menu Typ	oe (See addit	ional page)
				Other (list)		\bigcirc_3	
Certified Fo			IU 2023		1 2	<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
191	С	R	Observed no dating system on foods thro	oughout the establish	hment.	02/0	7/2022
146	NC	R	Observed foods in walk-in cool	ler being stored in		07/2	26/2022
			unapproved contai	iners.			
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		
					i		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme NEW		N/	A'S BEST		lephone Number 812-634-2007	Date of Ins (mm/dd/yr)	ID# 31
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(_	312-634-2007	01/12	/2022	
Owner QIU C	HEN				rpose: Routine	Follow-u		e Date 22/2022
Owner's Ac	ddress				Follow-up Complaint		of Violation	
Person in C		١Z	HU		Pre-Operational Temporary	$_{\rm c}$ 3	NC_	$R = \frac{1}{2}$
Responsible	e Person's	E-ma	il		tional page)			
Certified Fo			IU 2023		Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
296	С		Observed mold on ice machine in l					24/2022
173	С	R	Observed raw meat being stored abo		ready to eat for	ods in	01/2	24/2022
			walk-in coolers	S.				
306	NC		Observed buildup of dirt/grease/debris o	n a	II exhaust vents I	behind	07/1	12/2022
			stoves/fryers on cod	ok	line.			
345	С	R	Observed hand washing sink	nc	ot being used.		01/2	24/2022
Received by	(name and	title p			ymberlee	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm		C-	T SUNOCO #FF	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			T. SUNOCO #55 mber and street, city, state, zip code)	812-634-1121	01/31/2	2022	35
			N STREET, JASPER, IN, 47546				
Owner HAWKS	TONE	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Purpose: Routine	Follow-up No	Releas 02/	e Date 10/2022
Owner's Ad				Follow-up	Summary of	Violation	ıs:
		rk I	rd, harrison, oh, 45030	Complaint	\cap	() (
Person in C	_	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Pre-Operational	c_ U _	NC_	P R U
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Type	See addit	ional page)
C C LE	177 11			Other (list)	.0.0	$)_3$	\bigcirc
Certified For ANGE			SNER 7-15-2025		1020	<u></u>	<u>4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
n : 1:		4:41		Y 411 (123	·		
Received by	(name and	atte		Inspected by (name and title properties) Kymberlee	rintea):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm			01110000455	Telephone Number	Date of Ins		ID#
			SUNOCO#57	812-482-2707	01/19		37
Establishme 6661 E	ent Addres ST. M	is (nu IAR	mber and street, city, state, zip code) Y STREET, CELESTINE, IN, 47521	⁽ 812 ⁻ 634-1074	0 1,710	0	
Owner HAWKS	TONE	AS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-uj		se Date 29/2022
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up		of Violation	_
Person in C	harge		SOCIATES INC/DBE TRIUMPH ENERG	Pre-Operational	c_1	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			p. 2/1/2021 Ashley Hembree 9/11/23	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С		Observed expired milk and refrigerated bi	scuits on the shelf fo	r retail.	01/3	31/2022
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme		\cap	NY SUNOCO #58	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	(812-326-2500	01/19/	2022	38
			ROAD 64, ST ANTHONY, IN, 47575				
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-up No		e Date 29/2022
Owner's Ac				Follow-up	Summary o	f Violation	ns:
		OF	RK RD, HARRISON, OH, 45030	Complaint	1	() (
Person in C	harge			Pre-Operational	C	NC_) _R U
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP	\bigcirc (
Certified Fo			2023	Other (list)	1 <u></u> 2	<u>)</u> 3 <u>©</u>	<u> 4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	rrected By
192	С		Observed expired lunchables or	n the shelf for retai	l.	Co	rrected
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme LUBE		Y	SUNOCO #56	Telephone Number (812-634-7827	Date of Ins (mm/dd/yr		39		
			mber and street, city, state, zip code) /AY, JASPER, IN, 47546	(513-367-9900	01/20	12022			
Owner HAWKS	STONE	AS	SOCIATES IN/DBA TRUMPH ENERGY	Purpose: Routine	Follow-uj		se Date 07/2022		
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up Complaint		of Violation			
Person in C		AS:	SOCIATES IN/DBA TRUMPH ENERGY	Pre-Operational Temporary			$\frac{3}{2}$ $\frac{3}{2}$		
Responsible	e Person's	E-ma	il 	НАССР	Menu Typ	e (See addi	tional page)		
Certified For RODN			P 5/14/2024	Other (list) 	1 <u>U</u> 2	<u>3</u>	<u>/405</u>		
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
433	NC		Observed mop not being	g hung to dry. 07/28/2022					
297	NC	R	Observed mold buildup on drin	Observed mold buildup on drink racks in coolers.					
177	С	R	Observed boxes being stored on the fle	bserved boxes being stored on the floor in the walk-in freezer.					
345	С		Observed hand washing sink being	Observed hand washing sink being used for other purposes					
			than hand washi						
298	NC	R	Observed buildup of food/debris on pa	_	ed of	07/2	28/2022		
			cleaning.						
			3						
Received by	(name and	title p		Inspected by (name and title pr	rinted):				
Received by	(signature)):		Inspected by (signature):					
cc:			cc:		cc:				



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Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			SUNOCO #54	812-695-2505	01/26/2	วกวว	42
Establishmo	ent Addres US-23	ss (nu 31,	mber and street, city, state, zip code) JASPER, IN, 47546	⁽ 513-367-9900	01/20/2	2022	
Owner				Purpose:	Follow-up		se Date
		ASS	SOCIATES INC/DBA TRIUMPH ENERGY	Routine	No	02/	05/2022
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up Complaint	Summary of	Violation	ns:
Person in C		ASS	SOCIATES INC/DBA TRIUMPH ENERGY	Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified For Exemp		er		Other (list)	1 2	<u>J</u> 3 <u>C</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
191	С	R	Observed expired deli meat on	the shelf for retail.		02/0	7/2022
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
Acceived by	(manne and	i iiic j		Kymberlee **			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		_		Telephone Number	Date of Inspec	ction	ID#
			MART #32 (Huntingburg)	812-683-5003	(mm/dd/yr) 01/05/2	022	43
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 812-547-6435	01/00/2	.022	
Owner C & S	INIC			Purpose:	Follow-up NO	Releas	e Date 15/2022
		•		Routine		1	
Owner's Ad P.O. E		39,	TELL CITY, IN, 47586	Follow-up Complaint	Summary of		` ^
Person in C				Pre-Operational	$_{\rm C}$ U	$_{\rm NC}$	$\mathcal{I}_{R}U$
Brent	Lechr	ner		Temporary			_ ~
Responsible	e Person's	E-mai	il	НАССР	Menu Type (See addit	ional page)
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc_2$	$)_3$	0_4
Rebec	ca Ho	llov	way 4/24/2023		1		<u></u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		_



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Establishmo		 S"	MART #33	Telephone Number 812-367-235	Date of In (mm/dd/y	r)	ID# 44
Establishmo	ent Addres	ss (nui	mber and street, city, state, zip code)	(a.)Owner_ a.a.	1 01/12	1/2022	
850 M	<u>AIN S</u>	<u>}TF</u>	REET, FERDINAND, IN, 47532	⁽ 812 ⁻⁵⁴ 7-643	35		
Owner C & S	INC.			Purpose: Routine	Follow-u No		se Date 24/2022
Owner's Ac		_		Follow-up	Summary	of Violation	ns:
		39,	TELL CITY, IN, 47586	Complaint	1	() (
Person in C				Pre-Operational Temporary	C	NC_	J R U
Responsible	Person's	E-mai	il	HACCP	Menu Ty	pe <i>(See addii</i>	tional page)
Certified Fo	and Handle	0.10		Other (list)	100	\bigcirc_3),(),()
			3Y 4/24/2023			<u></u>	<u>/4030</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS'	' AND IN THE !	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С		Observed expired lunchable on	the shelf for ret	ail.	Co	rrected
Received by	(name and	title p		Inspected by (name and tit Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ction	ID#
			MACY #6871 (FERDINAND)	(812-367-2030	(mm/dd/yr) 01/25/2	2022	49
			mber and street, city, state, zip code) PARK DRIVE, FERDINAND, IN, 47532	⁽ 401 ⁻ 770-5324	01/25/2	-022	
Owner HOOK	(- SL	JPE	ERX, LLC.	Purpose: Routine	Follow-up		e Date 04/2022
Owner's Ad		- 1/1	All CODE #4160 WOONSOCKET BL 02005	Follow-up	Summary of	Violation	ns:
Person in C		:, IVI <i>F</i>	AIL CODE #1160, WOONSOCKET, RI, 02895	Complaint	\cap	() ()
Antho	_	ste	ello	Pre-Operational	C	NC_	R
Responsible				Temporary	Menu Type	(See addi	tional page)
~				HACCP Other (list)	-		\bigcirc
Certified For Exemp		er			1020	<u> </u>	<u>405</u>
		RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	rrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title p		Inspected by (name and title processing Pie	/		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		N 1	ACV #6004 (LILINITINICALIDA)	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			ACY #6881 (HUNTINGBURG)	812-683-3309	01/24		51
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 401 ⁻ 770-5324	• · · = · ·		
Owner HOOK	(- SL	JPE	ERX, LLC.	Purpose:	Follow-up No		se Date 03/2022
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
		, M	AIL CODE #1160, WOONSOCKET, RI, 02895	Complaint	آ م		
Person in C		C/	ASTELLO	Pre-Operational	_c_ U _	NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified Fo		er		Other (list)	1 <u>U</u> 2	<u> </u>	<u>/4</u> 05
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	NC		Observed buildup of mold on racks and	d walls of milk refrig	erator.	07/2	25/2022
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	ont Name			Telephone Number	pection	ID#		
		l IC	CK STOP	(812-389-2290	(mm/dd/yr)	54	
			mber and street, city, state, zip code)	1	01/24	/2022]	
502 W	HWY 6	64 F	P.O. BOX 75, BIRDSEYE, IN, 47513	812-639-7526				
Owner		_	EDNOT	Purpose:	Follow-u			
		ט	ERNST	✓ Routine	No	_	03/2022	
Owner's Ac 25150		NΠ	LER RD, BRISTOW, IN, 47515	Follow-up		of Violation	_	
Person in C				Complaint	3	NC_	. 3	
		D	ERNST	Pre-Operational	<u> </u>	NC	R	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)	
				Other (list)				
Certified Fo			NST EXP. 7/9/2025		1 <u></u> 2	<u> </u>	<u>/4050</u>	
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
191	С	R	Observed no dating system on ready to	eat products for sal	ad bar	02/0	03/2022	
			items, ex. cole slaw, toma	toes, lettuce.				
173	С	R	Observed meat being stored above read	served meat being stored above ready to eat product in reach in				
			freezer.	-				
295	С	R	Observed buildup of flour/dust/debris on she	elves on kitchen prep	tables,	02/0	03/2022	
			refrigerator and freezer handles thro	oughout establishn	nent.			
146	NC		All frozen meat coming into facility needs t			07/2	25/2022	
			and labeling system to identify product					
			3 7					
			Continue to work on cleaning of al	II hood exhaust ve	nts			
Received by	(name and	title p		Inspected by (name and title pr	rinted):			
				Kymberlee				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme DENI Establishme	VY'S		5878 mber and street, city, state, zip code)	(812-482-6006	Date of Inc (mm/dd/yr		ID# 55	
			N STREET, JASPER, IN, 47546	⁽ 480-722-9196				
Owner TLIN,	LLC			Purpose: Routine	Follow-up Yes		e Date 20/2022	
Owner's Ac		34/2	ılk, Ste 131, MESA, AZ, 85215	Follow-up	Summary	of Violation	ıs:	
Person in C		vva	IK, Ste 131, MLSA, AZ, 63213	Complaint	5	NC_	1 7	
Brett H		an		Pre-Operational	c	NC	<u> </u>	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	se (See addi	ional page)	
~				Other (list)			\bigcirc	
Noah Stiles exp. 10/15/2026					1 <u></u> 2	<u> </u>	<u>′405</u>	
• CRITICAL	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
345	С	R	Observed handwashing sink being use	ed for other purpose	s than	01/2	20/2022	
			handwashing					
409	NC	R	Observed missing ceiling	Observed missing ceiling tiles by office.				
234	NC		Observed scooper for hash browns	Observed scooper for hash browns and ice cream to be in				
			contact with food and not bein	g stored properly.				
296	С	R	Observed food holding pans on cook line	to be soiled and no	t being	01/2	20/2022	
			changed out on a regu	ılar basis.				
295	С	R	Observed clean dish storage contai	ners to have build	up of	01/2	20/2022	
			dust/dirt/debris	S.				
310	NC		Observed dust/dirt/debris buildup on ceilin	ng vents throughout k	itchen.	07/1	1/2022	
298	NC	R	Observed buildup of dust/dirt/debris on gril	lls and microwaves o	n prep	07/1	1/2022	
			line and throughout the front of house on sh	nelves and refrigerator	doors.			
191	С	R	Observed several outdated product on pr	rep line and coolers	(steak,	01/2	20/2022	
			cheese, lunch meat, crepes) and sev					
204	С	R	Observed standing water in first co	oling unit on prep	ine.	01/2	20/2022	
			_					
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Inspec (mm/dd/yr)	tion	ID#
DENI				812-482-6006	01/21/2	022	55
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 480-722-9196	01/21/2	.022	
Owner	110			Purpose:	Follow-up	Releas	
TLIN,				Routine	No	01/	31/2022
Owner's Ac		wa	ılk, Ste 131, MESA, AZ, 85215	Follow-up	Summary of	Violation	s:
Person in C		***	m, 010 101, M2071, 712, 00210	Compiunit		$_{ m NC}$) 1
Cursti		ore	Э	Pre-Operational	C	NC_	R
Responsible	e Person's	E-ma	il	Temporary	Menu Type (See addit	ional page)
				HACCP			
Certified Fo			o. 10/15/2026	Other (list)	1 <u>U</u> 2 <u>U</u>	<u>)</u> 3 <u>©</u>	4 <u>U</u> 5 <u>U</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
191	С	R	Observed packages of expired m	eat on the cook lin			31/2022
			parameter parameter and an analysis and an ana				
Received by	(name and	title p	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo DOLL		GE	NERAL STORE #2144	Telephone Number (812-817-0005	Date of Ins (mm/dd/yr		1D# 56
Establishme	ent Addres	AIN STREET, HUNTINGBURG, IN, 47542 615-855-4000					
Owner	1717 (11 4	<u> </u>	1011111000111000100, 114, 47042	Purpose:	Follow-u	n Releas	se Date
DOLG		OR	P, LLC.	Routine	No		03/2022
Owner's Ad		DIF	OGE, GOODLETTSVILLE, TN, 37072	Follow-up	Summary	of Violation	is:
Person in C		KIL	DGE, GOODLETTSVILLE, TN, 37072	Complaint	1	() ()
		OR	RP, LLC.	Pre-Operational	C	NC_	<u>R</u>
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
G 101 15	1 77 11			Other (list)).().()
Certified For Exemp		er				<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С		Observed expired milk on the	e shelf for retail.		Co	rrected
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo DOLL		— ЭЕ	ENERAL STORE #2743	Telephone Number (812-481-2091	Date of Ins (mm/dd/yr	.)	1D# 57
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) NUE, JASPER, IN, 47546	615-855-4000		3/2022	
		OR	RP, LLC.	Purpose: Routine	Follow-uj No		e Date 07/2022
Owner's Ad		RIE	OGE, GOODLETTSVILLE, TN, 37072	Follow-up	Summary	of Violation	1S:
Person in C	harge			Complaint Pre-Operational	$\frac{1}{c}$	$_{\rm NC}$ () _R 1
Ryan Responsible			ii	Temporary	Menu Tyr	ne (Saa addi	tional page)
Kesponsible	; i cison s	L-IIIAI		НАССР	Wichu Ty	C (See dadii	ional page)
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
144	С	R	Observed dented cans on the	e shelf for retail.		Co	rrected
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
	(Kymberlee	,.		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme DOLL		GE	NERAL STORE #4509	Telephone Number (812-329-2650)	Date of Ins (mm/dd/yr 01/31)	1D# 58
			mber and street, city, state, zip code) HEIM RD., JASPER, IN, 47546	615-855-4000	01/31	72022	
Owner DOLG	ENC	OR	RP, LLC.	Purpose: Routine	Follow-up No		e Date 10/2022
Owner's Ac		RII	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint	Summary	of Violation	
Person in C				Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_() , 1
rebeco	ca bro	owr	า	Temporary		110	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	3 77 31			Other (list)	100		\bigcap_{i}
Exemp		er			1	<u> </u>	<u> 4030</u>
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
144	С	R	Observed dented cans on the	e shelf for retail.		Co	rrected
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme	AR ent Addres	s (nu	EE #01349 mber and street, city, state, zip code) TREET, UNIT 101, JASPER, IN, 47546	Telephone Number (812-482-4497) (757-321-5000)	Date of Ins (mm/dd/yr 01/26		1D# 60
Owner DOLL Owner's Ac	AR T	RE	E STORES, INC. RKWAY, CHESAPEAKE, VA, 23320	Purpose: Routine Follow-up	-	02/	
Person in C BAILE Responsible	harge Y e Person's	E-mai		Pre-Operational Temporary HACCP		NC	D R O
Certified For Exemp	ot		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/405</u>
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
191	С		Observed expired lunch meat or	n the shelf for retai	l.		07/2022
204	С		Observed ice build on product and t			02/0	07/2022
144	С		Observed dented cans on the			02/0	07/2022
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		_		Telephone Number	Date of Inspe	ection	ID#	
DOM	MINO'S PIZZA (812-634-989					$7 \begin{vmatrix} \frac{(mm/dd/yr)}{01/31/2022} \end{vmatrix} 61$		
			mber and street, city, state, zip code) IASPER, IN, 47546	(502-773-2972	01/31/2	2022		
Owner	T \^/			Purpose:	Follow-up		se Date	
SCOT		LS	SON	✓ Routine	No	02/	10/2022	
Owner's Ad 1044 V		EO/	AK CT., LANESVILLE, IN, 47136	Follow-up Complaint	Summary of	f Violation	18:	
Person in C		NE	EUKAM	Pre-Operational	c_ U	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$	
Responsible				Temporary	Menu Type	(See addi	tional page)	
				HACCP		\ G		
Certified Fo			UKAM EXP 6/13/22	Other (list)	1 2	<u>)</u> 3 <u>(•</u>	<u>)4050</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			Го Ве Со	orrected By	
			No Violations observed at tin	ne of inspection				
				•				
	, -			*				
Received by	(name and	title p		Inspected by (name and title processing Pie				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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Establishm		ΕY	GRILL		lephone Number 12-481-1799	Date of Ins (mm/dd/yr)	ID# 66
Establishment Address (number and street, city, state, zip code)						01/10	/2022	00
3570 N	I. NEV	VT	ON STREET, JASPER, IN, 47546		12-319-3805			
Owner	BER'	ТС	MOSQUEDA		rpose: Routine	Follow-uj		Date 20/2022
Owner's Address					Follow-up	Summary	of Violatior	ıs:
8619 W. County Rd. 150 N, Richland, IN, 47634 Person in Charge					Complaint	2	NC_	2
		qol	ez Mosqueon	=	Pre-Operational	C	NC	R
Responsible		_	•		Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified F	177 11				Other (list)	100	\bigcirc_3	\bigcirc .
			MOSQUEDA 02/13/2025			1	<u> </u>	<u>′4∪3∪</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
191	С	R	oserved expired meat and other products in reach in cooler on prep					20/2022
			line and walk-in co	oole	er.			
438	С	R	Observed spray bottles containing clear	ninę	g solutions not la	beled.	01/2	20/2022
216	NC		Observed cardboard being use	ed a	as a shelf liner.		07/1	1/2022
Received by	(name and	title		-	ected by (name and title pr /mberlee	rinted):		
Received by	Received by (signature):				ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		\sim 1	L A D #04.007		lephone Number	Date of In (mm/dd/y		ID#
			LAR #31267	(8	312-817-3116	-	/2022	69
			mber and street, city, state, zip code) DAD 64, BIRDSEYE, IN, 47513	⁽ 7	757-321-5058	0172	72022	
Owner FAMIL	Y DC	DLL	AR STORES OF IN, LLC		rpose: Routine	Follow-u No		se Date 03/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320					Follow-up	Summary	of Violation	
Person in C					Complaint Pre-Operational	C_{0}	NC_	1 _p 1
tony D).M.			—	Temporary	C		N
Responsible	e Person's	E-mai	il	_	НАССР	Menu Ty	oe (See addi	tional page)
Certified Fo	J II JI				Other (list)	100	\bigcirc	\bigcirc
Exemp		:1				1 <u>0</u> 2	<u> </u>	<u> </u>
•		E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	ИΜА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
433	NC	R	Observed mops not being	hι	ung to dry.		07/2	25/2022
Received by	(name and	title p		•	ected by (name and title pr	rinted):		
Received by	(signature)):			ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 705 N I Owner FAMIL Owner's Ad	ent Addres MAIN Y DC ddress DLVO F Charge D.M.	STI STI DLL PAF	LAR #29125 mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542 AR STORES OF IN, LLC RKWAY, CHESAPEAKE, VA, 23320	Pre-Operational Temporary	Follow-u NO Summary	P Release 02/	
Certified Fo	ot		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	HACCP Other (list) ARKED "C"	102	<u></u>)4050
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
433	NC	R	Observed mops not being	hung to dry			25/2022
144	C	R	Observed dented can goods of				rrected
144		11	Observed defiled can goods of	on shell for retail.			Tecleu
			<u> </u>				
Received by	(name and	titla r	printed):	Inspected by (name and title pr	rinted):		
Received by	(name and	titic p		Kymberlee	inicu).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		т с	PIZZA & GRILL (PBTP INC)	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-683-3669	01/05/	2022	81
			EET, HUNTINGBURG, IN, 47542	⁽ 812-639-7916			
Owner JOHN	D 90	\mathcal{I}	IGER	Purpose:	Follow-up		te Date 15/2022
Owner's Ac			IOLIX	Routine			
		ST	REET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary		
Person in C		\sim	IGFR	Pre-Operational	$c_{\underline{\mathbf{U}}}$	NC_	$I_{R}U$
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo			r ovn E/0/2022	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>_4O_5O</u>
John F	² . 50n	ge	r exp. 5/9/2022				
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
310	NC		Observed heavy buildup of dust/dirt/de	ebris on exhaust ve	nts by	07/0)5/2022
			stoves and pizza	oven.			
			·				
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishment Name		Telephone Number Date of Inspection (mm/dd/yr) Date of Inspection (mm/dd/yr)				
TIENDA MORA INCOR		812-684-0220	01/26	/2022	93	
Establishment Address (number and street, city, st 421 1/2 E 4TH STREET, HUN7		⁽ 812-309-0051				
OWNER JOSE MIRANDA		Purpose:	Follow-uj		te Date 05/2022	
Owner's Address 421 1/2 E 4TH STREET, HUN	TINGBURG IN 47542	Follow-up		of Violatior	_	
Person in Charge		Compiaint	4		$3_{R}2$	
JOSE MIRANDA		Pre-Operational	C	NC	<u> </u>	
Responsible Person's E-mail		Temporary HACCP	Menu Typ	e (See addii	tional page)	
Certified Food Handler	_	Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$	
Jose Miranda 4/8/2024			1	<u> </u>	_ 1	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHEC	KLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSE	PECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section# C/NC R	Narrative			To Be Co	orrected By	
346 NC Observed no l	hand soap readily availa	ble at handwashin	g sink.	i i		
345 C Observed brok	ken water pipe to handw	ashing sink, not all	owing	02/0	07/2022	
	employees to wash hands.					
409 NC Observed r	missing ceiling tiles abo	ve handwashing s	ink.	07/2	26/2022	
 	pired steak meat and che	-		02/0	07/2022	
1 1	ersonal food being store			07/2	26/2022	
 	on shelf for retail in de					
	use droppings on bottom		pehind	02/0	7/2022	
	deli display cas					
177 C R Observed prod	duce for retail being store		oor of	02/0	07/2022	
	facility.					
Received by (name and title printed):		Inspected by (name and title properties) Kymberlee	rinted):			
Received by (signature):	Inspected by (signature):					
cc:	cc:		cc:			



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Establishment Name HOLIDAY FOODS #5 Establishment Address (number and street, city, state, zip code) 847 3RD. AVENUE, JASPER, IN, 47546					12-482-4464 312-937-4428	Date of Ins (mm/dd/yr) 01/19		ID# 95
Owner JOSH					rpose: Routine	Follow-up		e Date 29/2022
Owner's Ac 535 E Person in C	Med	calf	f, Dale, IN, 47523		Follow-up Complaint	-	of Violation) _R 2
Mark I		er			Pre-Operational Temporary	C	NC	R
Responsible	e Person's	E-ma	il	┢	HACCP	Menu Typ	e (See addii	tional page)
Certified Food Handler Mark Reeder exp. 7/21/2025					Other (list)	102	<u>3</u>	04050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
177	С	R	Observed boxes being stored on fl					31/2022
295	С	R	Observed buildup of dust/dirt/debris o			eezer	01/3	31/2022
			and coolers in meat de	pa	rtment.			
Received by	`		orinted):	Ky	ymberlee	inted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

				Ţ			1
	DAY		N EXPRESS	Telephone Number (812-482-3344	Date of Ins (mm/dd/yr) 01/31)	ю# 96
			mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	⁽ 770-904-5220	01/31	12022	
Owner MADH	AVA	P/	ATEL	Purpose:	Follow-up		ne Date 10/2022
Owner's Ac 26 ST		٩N	E, S BARRINGTON, IL, 60010	Follow-up Complaint	-	of Violation	
Person in C Ronda		es	on	Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For ROND				Other (list)	102	<u></u>	<u>)4O5O</u>
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee	•		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	ent Name			Te	lephone Number	Date of In	spection	ID#
HONG KONG CHINESE RESTAURANT					12-634-1103	(mm/dd/yı	•	100
			mber and street, city, state, zip code)	┨⋰		01/12	2/2022	
375 S	US F	łW	Y 231, JASPER, IN, 47546	8	59-353-7820			
Owner				Pu	rpose:	Follow-u		
Zhou '		Doi	ng	~	Routine	No	01/	22/2022
Owner's Ac		St.	JASPER, IN, 47546		Follow-up	Summary	of Violation	
Person in C		<u> </u>			Complaint	4	NC_1	, 4
Zhou '	Wen I	Do	ng	=	Pre-Operational	C	NC	K
Responsible					Temporary	Menu Tyj	pe <i>(See addii</i>	tional page)
				\vdash	НАССР			
Certified For Zhou V			g exp 12/13/2024		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ИARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			_	To Be Co	orrected By
191	С	R	Observed product being stored with	out l	being properly of	dated.	01/2	24/2022
173	С	R	Observed raw meat being stored at	OVE	e ready to eat fo	ods.	01/2	24/2022
295	С	R	Observed buildup of grease and foo	d de	ebris on refriger	ators.	01/2	24/2022
177	С	R	Observed food being stored in un	app	roved packagir	ng.	01/2	24/2022
411	NC		Observed minimal lighting throughout the	he k	titchen area, esp	ecially	07/2	22/2022
			by dishwashing a	area	l.			
			, ,					
			***Check for hand was	hine	g sink**			
Received by	(name and	title p	printed):		ected by (name and title pr	rinted):		
				Ky	mberlee			
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



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			-	-			
J. R.		١R	(TAYLOR MICHAELS INC)	Telephone Number (812-482-9694	Date of Ins (mm/dd/yr		110 #
Establishmond 23 S.	ent Addres CLAY	s (nui	mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-639-3488	01/11	12022	
Owner MICH	AEL E	3E(CK	Purpose: Routine	Follow-up No		e Date 21/2022
Owner's Ac 1515		SC	ON ST. , JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		3E(CK	Pre-Operational	C	NC_2	$\frac{2}{R}$
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	ne (See addi	tional page)
Certified For Michea			2/15/2023	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	С	R	Fans in walk in and kitchen ha	ave built up dust		01/2	21/2022
130	NC	R	Facility has no dedicated	d hand sink		07/1	1/2022
146	NC	R	Not all product has either a production	on date or a use by	date	07/	11/2022
Received by	(name and	title p		Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo JASP		SH	ONEY'S	Telephone Number (812-481-1466	Date of Ins (mm/dd/yr	r)	ID# 116
Establishmo	ent Addres	ss (nu	mber and street, city, state, zip code) TREET, JASPER, IN, 47546	270-885-1115	01/28	3/2022	
Owner DONA	LD H		NDERSON	Purpose: Routine	Follow-uj		e Date 07/2022
Owner's Address 2919 FORT CAMPBELL BLVD., HOPKINSVILLE, KY, 42240				Follow-up Complaint	Summary	of Violation	
Person in C	_	ıle		Pre-Operational	c_1	NC	$\frac{2}{R}$
Responsible		<u>, </u>	il	Temporary HACCP	Menu Typ	pe <i>(See addit</i>	ional page)
Certified Fo			exp. 1/19/2022	Other (list)	102	<u></u>	04050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
187	С	R	High holding temperatures on salad bar	, 55 ,) most	02/0	7/2022
			items temping at 51 c				
218	NC	R	Door gasket on cooler door by flat to				28/2022
402	NC	R	Broken floor tiles in front of frye	er needs replaced.		07/2	28/2022
						<u></u>	
						<u> </u>	
							
Received by	(name and	title p		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

				T			
	ER S		ATE PALACE, INC.	Telephone Number (812-482-4565)	Date of Ins (mm/dd/yr		1D# 117
Establishmod 4	ent Addres 4TH <i>F</i>	s (nu \V	mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	(31 7 -224-7808	01/13	12022	
Owner BRIAN	N AN[) S	TEPHANIE RAWLINS	Purpose: Routine	Follow-uj		e Date 25/2022
Owner's Ac 1795 \		Ή.	AVENUE, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C				Pre-Operational	\mathbf{c}^{-1}	NC 4	$\frac{2}{R}$
amy s	chnai	r					_ ~
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addii	ional page)
Certified Fo	ood Handle	er		Other (list)	102	<u>O</u> 3 <u>C</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
355	NC	R	No service sink for mop wat	er in the facility		07/1	6/2022
130	NC		Hand sink was being used for other purpos	es other than hand wa	ashing	07/1	6/2022
438	С		Multiple bottles storing chemicals	had no label on the	em	01/2	25/2022
			Inspector is mailing hand washing	stickers to the fac	ility		
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	SUF		R BUFFET		lephone Number 270-485-0565	Date of Ins (mm/dd/yr)	j	1D# 126
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	8)	12-634-2288			
Owner SAI K.	. TAI				rpose: Routine	Follow-up		e Date 22/2022
Owner's Ac 4655		lan	d Dr., Owensboro, KY, 42301		Follow-up Complaint	Summary	of Violatior	
Person in C	harge				Pre-Operational	c_3	NC_() _R 1
Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addii	ional page)
Certified Fo			Tai exp.12/27/2022		Other (list)	102	<u>3</u>	04050
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ΜМА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
177	С	R	Observed food product being stored in	ı ur	napproved conta	iners.	01/2	24/2022
295	С		Observed buildup of food/dirt/debris on f	loo	r and shelves in v	valk-in	01/2	24/2022
			cooler and prep ta	ıble	es.			
296	С		Observed buildup of dust/dirt/debris	on	cooler fan in wa	alk-in.	01/2	24/2022
Received by	(name and	title j			ected by (name and title pr ymberlee	inted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



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	E C		SARS PIZZA	Telephone Number (812-556-5005)	Date of Ins (mm/dd/yr) 01/26)	1D#
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	618-928-1601	01/20	72022	
Owner ROGE	ER AN	۱D	JANET AKERS	Purpose: Routine	Follow-up		e Date 05/2022
	OX 20)3,	LAWRENCEVILLE, IL, 62439	Follow-up Complaint	_ `	of Violation	_
Person in C	Charge			Pre-Operational Temporary	$_{\rm C}$ $_{\rm C}$	NC_	D R U
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			RS EXP. 1/19/22	Other (list)	1 2	<u>3</u>	<u>14050</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
							•
			No violations observed at tim	ne of inspection			
			The violations appeared at an	io or moposition.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm MAIN Establishm	I'S B		ERY mber and street, city, state, zip code)	Telephone Number () Establishment	Date of Ins (mm/dd/yr)	134
			ON STREET, HUNTINGBURG, IN, 47542	(270-231-7478			
Owner JIM M	AIN			Purpose: Routine	Follow-uj		e Date 24/2022
Owner's A		NO	TON CT LUNTINGDUDG IN 47540	Follow-up	Summary	of Violatior	ıs:
OUI IN V		NG	TON ST, HUNTINGBURG, IN, 47542	Complaint	1		$\frac{2}{R}$
JIM M				Pre-Operational	C	NC_	- R
Responsible		E-ma	il	Temporary	Menu Typ	e (See addii	tional page)
				HACCP			
Certified Foundation			N EXP. 1/19/22	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
342	NC	R	Observed hand washing sink only reach	ning temperature of	63.5F.	07/1	4/2022
296	С	R	Observed buildup of food/dirt/debris th	roughout establish	ment,	01/2	24/2022
			including donut cases, racks, pre	ep tables and walls	S.		
			3				
310	NC		Observed buildup of dust/dirt/debris	on hood exhaust v	ents.	07/1	4/2022
			Stated he has contacted his landlo	ord for hot water is:	sue		
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm MAM		3 17	ΓAILIAN STEAK HOUSE	Telephone Number (812-661-6093)	Date of Instance (mm/dd/yr)		135
Establishm 320 E	ent Addres . 4TH	ss (nu S	mber and street, city, state, zip code) Г., HUNTINGBURG, IN, 47542	⁽ 812-661-6093	01/13/	2022	
Owner BRAN	IDON	A(CLES	Purpose: Routine	Follow-up NO		se Date 25/2022
	. 4TH	S	Γ., HUNTINGBURG, IN, 47542	Follow-up Complaint		of Violation	_
Person in C BRAN	IDÖN			Pre-Operational Temporary			0_{R}
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For			2024	Other (list)	102	<u>3</u>	<u>)4O5O</u>
• CRITICAL	LITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
			Recommend more lighting in the first soda	and hand washing s	tation		
			Recommend more lighting in the first south	a and hand washing s	lation		
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	DNAL		S #25169 (Jasper North)	Telephone Number (812-634-6212	Date of Inspe (mm/dd/yr) 01/21/2		137
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 270-566-1749			
		RIC	K MANN	Purpose: Routine	Follow-up NO	Releas 01/	e Date 31/2022
Owner's Ad 3944		oll	ow Ct, JASPER, IN, 47546	Follow-up	Summary of	_	
Person in C	harge			Complaint Pre-Operational	c_ U _	NC	$\frac{0}{\mathbf{R}}$
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Type	See addit	tional page)
Certified Fo			nan 3/21/2025	Other (list)	102	<u>)</u> 3 <u>©</u>	<u>_4</u> _5
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	-		
Section#	C/NC	R	Narrative		1 1	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
				'			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm MER		/ A	ND SONS, INC.	Telephone Number (812-482-7020)	Date of Ins (mm/dd/yr	j	1D# 140
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code) I, JASPER, IN, 47546	⁽ 812-630-5659	01/21	/2022	
Owner JAME	S AN	DΙ	DAVID MERKLEY	Purpose:	Follow-up		e Date 31/2022
Owner's Ac 214 E		St.,	, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in C	Charge S AN	DΙ	DAVID MERKLEY	Pre-Operational Temporary	c	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Michael			exp. 4/15/2024	Other (list)	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Received by	y (name and	l title j	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	y (signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		CO		Telephone Number (812-482-5263)	Date of Ins (mm/dd/yr)	ID# 141
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) STRASSE, JASPER, IN, 47546	(44)Owner	01/10	/2022	
		ΆN	I FLORES	Purpose: Routine	Follow-uj		e Date 20/2022
Owner's Ac		1 S	TRASSE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	is:
Person in C Migue	harge			Pre-Operational	C	NC_	F R O
Responsible				Temporary HACCP	Мепи Тур	e (See addi	tional page)
Certified Fe	ood Handle	er		Other (list)	1 2	<u>3</u>)4050
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
346	NC		Observed no soap at handw				11/2022
146	NC		Observed frozen food being stored in	• •			1/2022
346	NC		Observed ice scoop being stored with hand			Co	rrected
			jug of juice being chilled in ice s				
438	С		Observed spray bottles with cleaning sol	ution not properly la	beled.	01/2	20/2022
218	NC		Observed leak behind drink station in	service area behin	d bar.	07/1	1/2022
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ction	ID#
MOR	FOR	<u> L</u>	ESS	812-683-2405	(mm/dd/yr) 01/26/2	022	147
			mber and street, city, state, zip code)	⁽ 812-630-8301	01/20/2	.022	
Owner	VIAIN	SII	REET, HUNTINGBURG, IN, 47542		Fallow up	Releas	a Data
WAYN		NG		Purpose: Routine	Follow-up No		05/2022
Owner's Ad		/ R	IDGE, HUNTINGBURG, IN, 47542	Follow-up	Summary of	Violation	s:
Person in C		1 11	IDGE, HONTINGBONG, IIV, 47542	Complaint	\mathbf{O}	(\cap
WAYN		NG	i	Pre-Operational	C	NC	R
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	See addii	ional page)
Certified Fo	177 11			Other (list)	10.0)3(•	\bigcirc .
REX G			2022		1020	<u>/3</u>	4050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tim	e of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 425 U Owner CHC E Owner's Ac	A JOH ent Addres S HW ENTE Idress RING S	/Y /Y	I'S PIZZA mber and street, city, state, zip code) 231, JASPER, IN, 47546 PRISES INC STE 3A, JEFFERSONVILLE, IN, 47130	Compiaint	Follow-u	p Releas 02/	158 158 e Date 10/2022 ns:
ANDR Responsible				Pre-Operational Temporary	Menu Tvi	oe (See addii	
_			п	HACCP	Wichu Tyj		
Certified For Andrev			xp. 5/7/2024	Other (list)	1 <u></u> 2	<u>U</u> 3 <u>U</u>	<u>/4</u> <u>5</u> <u>5</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
295	NC		Pizza toppings table has built	•			31/2022
310	NC		Hoods are broken and exposing insulation	ion/miscellaneous d	iebris	07/3	31/2022
Received by	(name and	title		Inspected by (name and title p Christina Pie			
Received by	(signature)):		Inspected by (signature):	• • •		
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

SANDER PROCESSING Establishment Address (number and street, city, state, zip code) 6614 E STATE ROAD 164, CELESTINE, IN, 47521 Owner CHRIS, Randy, Kent SANDER Owner's Address 1121 N BEAVER LAKE RD, JASPER, IN, 47546 Person in Charge Amy Berg 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 Section# C/NC R No violations observed at time of inspection.	0
Owner CHRIS, Randy, Kent SANDER Owner's Address 1121 N BEAVER LAKE RD, JASPER, IN, 47546 Person in Charge Amy Berg Responsible Person's E-mail Certified Food Handler Amy Berg exp. 5/12/2026 Certified Food Handler Amy Berg exp. 5/12/2026 Certifical ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW Section# CHRIS, Randy, Kent SANDER Purpose: Release Date No 01/29/2 Summary of Violations: Complaint Pre-Operational HACCP Other (list) Menu Type (See additional pages) Menu Type (See	0
CHRIS, Randy, Kent SANDER Owner's Address 1121 N BEAVER LAKE RD, JASPER, IN, 47546 Person in Charge Amy Berg 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 Section# C/NC R Narrative No 01/29/2 Summary of Violations: Complaint Pre-Operational Temporary Menu Type (See additional page of the content of the co	0
1121 N BEAVER LAKE RD, JASPER, IN, 47546 Complaint Person in Charge Amy Berg 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 Section# C/NC R Narrative To Be Corrected	0 50
Person in Charge Amy Berg Responsible Person's E-mail Cun NC R Temporary Menu Type (See additional page of the charge) Menu Type (See additional page of the charge) 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 Section# Cun NC R Menu Type (See additional page of the charge) Menu Type (See additional page of the cha	<u>0</u> <u>5</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 Section# C/NC R Narrative Temporary Menu Type (See additional page of the page of	5 <u>C</u>
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 Section# C/NC R Narrative To Be Corrected	5 <u>0</u>
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 Section# C/NC R Narrative To Be Corrected	50
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 Section# C/NC R Narrative To Be Corrected	<u>5</u>
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW Section# C/NC R Narrative To Be Corrected C C C C C C C C C	
Section# C/NC R Narrative To Be Corrected	
	AS "R"
No violations observed at time of inspection.	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:	



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Establishme		N I I	NDIANA DUTCUED CUDDLY	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			NDIANA BUTCHER SUPPLY	812-998-2277	01/14/2	2022	178
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	⁽ 812-998-2277			
Owner JESSI	E SUI	ΜN	1ERS	Purpose: Routine	Follow-up NO		e Date 24/2022
Owner's Ac			1 ANA D IN 47550	Follow-up	Summary of	f Violation	ns:
		64,	LAMAR, IN, 47550	Complaint	\cap	() ()
Person in C		ΜN	1ERS	Pre-Operational Temporary	c_ O	NC_	R C
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3	$_{4}\bigcirc_{5}\bigcirc$
Jesse	Sumn	ner	s exp. 3/13/2022				
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme STER		R	G 24-N-MORE		lephone Number 12-481-1036	pection	ID# 183	
			mber and street, city, state, zip code) S, JASPER, IN, 47546	1	12-482-5753	01/31	/2022	
Owner STER	NBEF				rpose: Routine	Follow-up		e Date 10/2022
Owner's Ac		23	1 S, JASPER, IN, 47546		Follow-up	Summary	of Violation	
Person in C	harge				Complaint Pre-Operational Temporary	c_1_	NC_) _R 1
Responsible	e Person's	E-ma	il	⊨	HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			3/15/2026		Other (list)	102	<u>3</u>	04050
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative		at a reduct EV la	io o uito		orrected By
173	С	R Raw eggs being stored above ready to eat product EX. biscuits					02/	0/2022
			**Recommend moving single use item	ns f	or storing food h	igher		
			off the ground in back sto	ora	ge area**			
Received by	(name and	title 1	printed):	Insp	ected by (name and title pr	rinted):		
,	•				hristina Pie			
Received by	(signature)):		Insp	ected by (signature):			
			_					
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		3 71	170 -Lakshmi Inc. (@ Wal-Mart)		ephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)		12-634-9898	01/21/	2022	186
			ON STREET, JASPER, IN, 47546	8	12-661-9658			
Owner RINA	AND	PR	AVEZ SHARMA	_	pose: Routine	Follow-up NO		e Date 31/2022
Owner's Ad				M	Follow-up	Summary o	f Violation	ns:
		AR	LES STREET, JASPER, IN, 47546		Complaint	\cap	() ()
Person in C		PR	AVEZ SHARMA	=	Pre-Operational	c_ U	NC_	R U
Responsible	e Person's	E-mai	il	=	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo			exp. 1/20/2026		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKI	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMAI	RY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at time	ne o	of inspection.			
D : 11	(1	47.41	· D	<u> </u>	. 11 (101	15		
Received by	(name and	title p	*		cted by (name and title pr	intea):		
Received by	(signature)):			ected by (signature):			
cc:			cc:			cc:		



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Establishm	ent Name			Telephone Number	Date of Ins		ID#
			nds Enterprises Inc. (Huntingburg)	(812-683-4141	(mm/dd/yr 01/28		187
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 812 ⁻ 631-1636		2022	
Owner TERE	SA A	BO	DUNDS	Purpose: Routine	Follow-up		ne Date 07/2022
Owner's Ac		ne (Ct, HUNTINGBURG, IN, 47542	Follow-up Complaint		of Violation	_
Person in C				Pre-Operational	\cup \cup	NC_($\bigcup_{\mathbf{R}} \bigcup_{\mathbf{R}}$
Teres	a Bou	ınd	S	Temporary		110	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)			$\bigcap\bigcap$
Certified Fo			NDS EXP 7-27-2023		1 2	<u>3</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
					Î		
			No violations observed at tim	ne of inspection.			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
received by	(manne and	i uuc j		Kymberlee	inicuj.		
Received by	(signature)):		Inspected by (signature):			
00:			201		co:		
cc:			cc:		cc:		



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Establishme			T #070	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			T #673	812-483-9682	01/11/	2022	204
			mber and street, city, state, zip code) St., JASPER, IN, 47546	⁽ 812-482-5010	01/11/	2022	
		Ol	F CLUB	Purpose: Routine	Follow-up NO		se Date 21/2022
Owner's Ac		10	N STREET, JASPER, IN, 47546	Follow-up	Summary o	_	_
Person in C				Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_) "()
nancy	drew			Pre-Operational	<u> </u>	NC	K
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	od Handle	r		Other (list)	1()2($)_3$),(),()
			/ 11/21/2025		1	<u></u>	<u>/ 1 </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No Violations observed at ti	me of inspection			
Received by	(name and	title p	orinted):	Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		= N	IS #10340	Telephone Number (812-481-1513	Date of Inspe (mm/dd/yr)		ID# 206
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(0.4.)Owner 4000	01/26/2	2022	200
	I. NEV	VT	ON STREET, JASPER, IN, 47546				
Owner WALG	REE	NS	COMPANY	Purpose: Routine	Follow-up NO		e Date 05/2022
Owner's Ac			DEEDELE D. II. 00045	Follow-up	Summary of	Violation	ns:
P.O. E		01	, DEERFIELD, IL, 60015	Complaint	\cap	() ()
Elizab		C	owlev	Pre-Operational	C	NC_	R
Responsible			3	Temporary	Menu Type	(See addii	tional page)
				HACCP Other (list)			$\bigcap \bigcap$
Certified For Exemp		er			1 2 2	<u>)</u> 3 <u>C</u>	<u> 4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			No violetione absorbed at time	o of increation			
			No violations observed at time	ie of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo WALI		 T #	 1 870	Telephone Number (812-634-1233	Date of Ins (mm/dd/yr	·)	ID# 207
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	(4-)Owner 4 000 4	01/21	/2022	207
	1 NEN	/TC	ON STREET, JASPER, IN, 47546				
Owner WAL-I	MART	ſ S	TORES EAST, LP	Purpose: Routine	Follow-uj No		ae Date 31/2022
Owner's Ad			- DEDT 2040 DENTONIVILLE AD 70740 0500	Follow-up	Summary	of Violation	18:
Person in C			T, DEPT 8916, BENTONVILLE, AR, 72716-0500	Complaint	1	NC_1	\cap
		ſS	TORES EAST, LP	Pre-Operational Temporary	C	NC	R_O
Responsible	Person's	E-ma	il	HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo	ood Handle	er		Other (list)	1()2	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			KENBERG 3/9/2022		1	<u> </u>	_ 1 _3_
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
402	NC		Observed broken floor tiles in walk-in co	ooler in meat depar	tment.	07/2	21/2022
295	С		Observed buildup of dust/dirt/debris in p	produce, dairy and p	pickup	01/3	31/2022
			department walk-in d	coolers.			
Received by	(name and	title p		Inspected by (name and title pr Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			83680	812-367-0594	01/14/	2022	209
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	(562-425-1402	01/14/	2022	
Owner			,	Purpose:	Follow-up	Releas	se Date
WKS	FROS	T:	Y CORPORATION	Routine	No	01/	24/2022
Owner's Ac		. A T	T AVE STE 200 CVPDESS CA 00620	Follow-up	Summary of	of Violation	ns:
Person in C		AI	E AVE. STE 200, CYPRESS, CA, 90630	Complaint	\cap	NC_	1 1
Rhond	_			Pre-Operational	c_ O _	NC	R
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo			- over 4/44/2022	Other (list)	1 2	<u>3</u>	<u>)4U5U</u>
			exp 4/11/2023				
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative				orrected By
218	NC	R	Observed door handle to walk-in freezer b	proken and in need of	repair.	07/	14/2022
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm YOUN		ΞΝ	S INSTITUTE COUNCIL #497	Telephone Number (812-683-2497)	Date of Ins (mm/dd/yr)	1D# 216
			mber and street, city, state, zip code) N STREET, HUNTINGBURG, IN, 47542	⁽ 812-683-2497	01/05	/2022	
Owner MEME	BERS	0	F YMI CLUB	Purpose:	Follow-up		ne Date 15/2022
Owner's Ac		55,	HUNTINGBURG, IN, 47542	Follow-up Complaint		of Violation	
Person in C	harge IE W <i>A</i>	١T٤	ERS	Pre-Operational Temporary	c_1	NC_	J _R U
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Foundation			RS exp 12/17/2025	Other (list)	102	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
296	С		Observed buildup of mold/dirt on ice	machine from moi	sture.	01/	17/2022
Received by	(name and	title j		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		/INI	ISTRICE OF LIHITING DUDG. INC.	Telephone Number	spection)	ID#	
			ISTRIES OF HUNTINGBURG, INC.	812-683-5490	01/11	/2022	220
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-683-5490			
Owner CHRIS	TIAN	ΛIΝ	IISTRIES OF HUNTINGBURG INC.	Purpose: Routine	Follow-u		se Date 21/2022
Owner's Ad	ldress			Follow-up Complaint	Summary	of Violation	ıs:
Person in C		O۱	/EY	Pre-Operational	c_0	NC	$\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$
Responsible				Temporary HACCP	Menu Typ	ie (See addii	tional page)
Certified Fo		er		Other (list)	102	<u>O</u> 3 <u>C</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	•		
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title p Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo)I IN	ITY COMMUNITY FOOD BANK	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID# 222
			mber and street, city, state, zip code)	(812 ^E -482 ^E -9009	01/10/	2022	222
1404 \$			DIAN RD, JASPER, IN, 47546	⁽ 812-482-9009			
Owner AMAN	IDA D	RE	EW, MANAGER	Purpose: Routine	Follow-up No		Date 20/2022
Owner's Ac				Follow-up	Summary o	f Violation	ns:
				Complaint	\cap	() (
Person in C		RE	≣W	Pre-Operational Temporary	C	NC_	R O
Responsible	Person's	E-mai	1	HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle	\ P4		Other (list)	10°	•),(),(),()
Certified Fo	Jou Hanuk	21			102	<u></u>	4 <u>0</u> 3 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	` '	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title p			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Dolla Dolla		ner	al Store #18995		Telephone Number (812-329-2285)	Date of Ins (mm/dd/yr)	то# 304
			mber and street, city, state, zip code) t., Huntingburg, IN, 47542		615-855-4000	01/20	12022	
Owner Dolge	ncorp	, L	LC		Purpose:	Follow-uj		se Date 05/2022
Owner's Ac		า S	t., Huntingburg, IN, 47542		Follow-up Complaint	-	of Violation	
Person in C		ke			Pre-Operational	c_1	NC_	$\frac{1}{R}$
Responsible			il		Temporary	Menu Typ	e (See addi	tional page)
Certified Fo	and Handl	24		HACCP Other (list)	100	(),(),(),()	
Excer		er			1 2	<u> </u>	<u>/4030</u>	
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COI	LUMNS N	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narra	tive			To Be Co	orrected By
144	С		Observed dented cans	on th	e shelf for retail.		Co	rrected
Received by	(name and	l title p	orinted):		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

3683 I Owner manis	SS, E ent Addres N. NE h mal	s (nu	mber and street, city, state, zip code) TON, JASPER, IN, 47546	(8) (8) Pur	Phone Number 12-430-6125 12-430-6125 pose: Routine	Date of Ins (mm/dd/yr 01/12 Follow-up NO) /2022	311 e Date 22/2022	
Person in CTROY Responsible Certified Fo	Charge Person's	er	il ULTAS 3/27/2025		Collow-up Complaint Pre-Operational Cemporary HACCP Other (list)	Summary C Menu Typ 1 2	NC_1 R_0 De (See additional page) 03 04 05		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NA							ADDATIVE	RELOWAS "D"	
	. ,			7141141741	TO VIOLATIONS AN	DIN THE I			
Section#	C/NC	R	Narrative Observed buildup of dust/dirt/grease o	n di	sh racks and fro	onte of		orrected By 24/2022	
293			·) III	0 1/2	.4/2022	
217	NC		reach in coolers on p			rokon	07/22/2022		
217	INC		Observed food storage containers and lide	is to	be cracked and t	noken.	07/2	2/2022	
Received by	(name and	title		_	rmberlee	rinted):			
Received by	(signature):		•	cted by (signature):				
cc:			cc:			cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

FASTTRACK 500 Fatabilishment Address (number and street, city, state, zip code) 1307 N. MAIN ST., HUNTINGBURG, IN, 47542 Purpose: RAJ SINGH Owner's Address 1307 N. MAIN ST., HUNTINGBURG, IN, 47542 Propose in Charge RAJ SINGH Responsible Person's E-mail Preson in Charge RAJ SINGH Responsible Person's E-mail Preson in Charge EXCEMPT Accorp No violations in the Checklist and Narrative Collams Marked occ Noticities Internative Bellow applied to the Complaint of the Checklist and Narrative Collams Marked occ Noticities Internative Bellow applied to the Complaint of the Checklist and Narrative Collams Marked occ Noticities Internative Bellow applied to the Collams Marked occ Noticities Internative Bellow applied to the Collams Marked occ Noticities Internative Bellow as "R" Section® C/NC R Narrative Bellow applied to the Collams Marked occ Noticities Internative Bellow as "R" Section® C/NC R Narrative Bellow as "R" Noticities Internative Bellow applied to the Collams Marked occ Noticities Internative Bellow as "R" To Be Corrected By Noticities Internative Bellow applied to the Collams Marked occurrence of the Collams Marked occurrence o	Establishme		\sim L	(500	Telephone Number	ID#		
1307 N. MAIN ST., HUNTINGBURG, IN, 47542 Purpose: Purpose: Problem-up Release Date Propose: Problem-up Release Date Propose: Problem-up Release Date Propose: Propose: Problem-up Release Date Propose:					917-369-0746	01/24	2022	325
RAJ SINGH Over's Address Owner's Address Person in Charge RAJ SINGH Responsible Person's E-mail Person's Responsible Person's E-mail Person's Responsible Pe					(91 7 -369-0746			
Owner's Address 1307 N. MAIN ST., HUNTINGBURG, IN, 47542 Complaint Person in Charge RAJ SINGH Responsible Person's E-mail Itemporary IIACCP Other (list) Certified Food Handler EXCEMPT Certified Food Handler EXCEMPT CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLAMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# CNC R Narrative No violations observed at time of inspection. No violations observed at time of inspection. Received by (name and title printed): Received by (name and title printed): Kymberlee Received by (signature): Inspected by (signature):		SINGH	1					
1307 N. MAIN ST., HUNTINGBURG, IN, 47542 Complaint Person in Charge Person in Charge Person in Charge Person is Complaint Person is E-mail Person is					Follow-up	Summary	of Violation	ns:
Person in Charge RAJ SINGH Responsible Person's E-mail Temporary HACCP	1307 N	1. MAI	IN S	ST., HUNTINGBURG, IN, 47542			_	
Repossible Person's E-mail InaccP			1		Pre-Operational	C O	NC_	$\frac{1}{R}$
Certified Food Handler EXCEMPT • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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. No violations observed at time of inspection. Received by (name and title printed): Received by (signature): Inspected by (signature):	Responsible	e Person's	E-mai	il		Menu Typ	e (See addi	tional page)
EXCEMPT CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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. No violations observed at time of inspection. Inspected by (name and title printed): Received by (name and title printed): Inspected by (signature):						$I \frown i$		
* VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R			er		Other (list)	1 2	<u> </u>	<u>14050</u>
Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection. No violations observed at time of inspection.	• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
Received by (signature): No violations observed at time of inspection. No violations observed at time of inspection. Inspected by (name and title printed): Kymberlee Inspected by (signature):			ATED		MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Received by (name and title printed): Inspected by (name and title printed): Kymberlee Received by (signature): Inspected by (signature):	Section#	C/NC	R	Narrative			To Be Co	orrected By
Received by (name and title printed): Inspected by (name and title printed): Kymberlee Received by (signature): Inspected by (signature):								
Received by (signature): Inspected by (signature):				No violations observed at time	ne of inspection.			
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cc: cc: cc:	Received by	(signature)):					
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	cc:			cc:		cc:		



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Establishmo GG'S		7 N	11.0		lephone Number	Date of In (mm/dd/yr		ID#
				1	12-482-9006	01/13	3/2022	384
			mber and street, city, state, zip code) I STREEET, JASPER, IN, 47546	8	12 ⁻ 630-8538			
Owner KYLA	GOL	LEI	R		rpose: Routine	Follow-u No		e Date 23/2022
Owner's Ac					Follow-up	Summary	of Violation	1S:
		W	', JASPER, IN, 47546		Complaint			•
Person in C		LEI	 R		Pre-Operational	c_ U	NC_	J _R U
Responsible	e Person's	E-mai	il	=	Temporary	Menu Ty	oe (See addi	tional page)
				\vdash	HACCP		\bigcirc 6	
Certified Fo			R 9-17-23		Other (list)	1 <u></u> 2	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No Violations observed at tin	ne	of inspection			
Received by	(name and	title p	printed):	Insp	ected by (name and title pr	rinted):		
				CI	hristina Pie	erini		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

2603 N Owner	CREA ent Addres NEW	is (nu TOI	mber and street, city, state, zip code) N ST. SUITE C, JASPER, IN, 47546	Purpose:	Date of Ins (mm/dd/yr 01/31	/2022 Releas	
Owner's Ad 3646 Person in C ZACH Responsible	ddress N 850 Charge ARY e Person's	GF E-ma	RABER , MONTGOMERY, IN, 47558 RABER ER 09/17/2023	Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	c_ 0	of Violation	R O
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	o of inspection			
			INO VIOIALIONS ODSERVED AL LIN	ie oi irispection.			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm		^ ¬		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			ARTISAN ALES	812-639-1868	01/15/	2022	406
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-639-1868			
Owner JEFF	SCHI	PP		Purpose: Routine	Follow-up		25/2022
Owner's Ac				Follow-up	Summary of		
		Ε,	FERDINAND, IN, 47532	Complaint			
Person in C		PP		Pre-Operational	C	NC_	J _R U
Responsible	Person's	E-mai		Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	1()2(),(•	$)_4\bigcirc_5\bigcirc$
			PP exp. 10/14/2024		1 2 2	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title p Christina Pie			
Received by	(signature)):		Inspected by (signature):	• •		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Owner Tracey	ent Addres . Mair y Pric ddress ackso Charge y Pric e Person's	n S e E-mai		(8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	lephone Number 312-684-9449 312-309-0235 prose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-up NO Summary C Menu Typ	Release 01/	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ŒD "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE NA		
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at tin		of inspection			
			140 Violations observed at till	10 (or mapeemon.			
Received by	(nama and	title a	winted).	Inan	pected by (name and title pr	imtad):		
Received by	(name and	aue J	ninca).		ymberlee	micu).		
Received by	(signature)):			pected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		1A	RKET	Telephone Number (812-470-6776	Date of Ins (mm/dd/yr	·)	ID# 415
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) T, HUNTINGBURG, IN, 47542	() Owner	01/05	5/2022	
Owner JOSE	FLOI			Purpose: Routine	Follow-u		e Date 15/2022
Owner's Ac		VA	, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	
Person in C	harge			Complaint Pre-Operational	$ _{\rm c}$ 0	$_{\rm NC}$ 2	$2_{\rm R}0$
JOSE Responsible				Temporary	Monu Tva	oe (See addit	
Kesponsible	ereison s	L-IIIa	11	НАССР	Menu Ty		
Certified For Karen			6/14/2026	Other (list)	1 2	<u>3</u>	<u></u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
347	NC		Observed no hand towels at ha				rrected
257	NC		Observed no temperature measuring d	evice in new deep f	reezer	07/0)5/2022
			by kitchen.				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
00:			201		ec:		
cc:			cc:		cc:		



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Establishmo 255 N O Owner	AR (ent Addres CELES	s (nui STI	NERAL STORE 22655 mber and street, city, state, zip code) NE RD. S, CELESTINE, IN, 47521	Telephone Number (930-233-0350 (615-855-4000 Purpose:	Date of Inc (mm/dd/yr O1/19	·; 0/2022 	ID# 434 e Date
DOLG	ENC	<u>OR</u>	P, LLC	Routine	No	01/	29/2022
		ВIL	OGE, GOODLETTSVILLE, TN, 37072	Follow-up		of Violation	ns:
Person in C		IXIL	DGL, GOODLETTSVILLE, TN, 37072	Complaint	$_{\rm c}$ 1	()
		OR	RP, LLC	Pre-Operational	C	NC_	R
Responsible			•	Temporary HACCP	Menu Tyj	oe (See addii	tional page)
C (C IE	177 11			Other (list)			\bigcirc
Certified For EXEM		er			12	<u> </u>	<u> 405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
192	С		Observed expired yogurt on the	he shelf for retail.		01/3	31/2022
Received by	(name and	title p	*	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme SANI		FΑ	MILY MEAT MARKET	Telephone Number (812-326-1001	Date of Ins (mm/dd/yr)		1D# 437
			mber and street, city, state, zip code) TREET, SAINT ANTHONY, IN, 47575	⁽ 812-326-1001	01/19/	2022	
Owner KENT	SAN	DE	R	Purpose: Routine	Follow-up No		e Date 29/2022
	Deer	Tra	ail, Huntingburg, IN, 47542	Follow-up Complaint	_ `	of Violation	_
Person in C	SAN			Pre-Operational Temporary		NC_	
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Fo			AS 5-12-2026		1 <u></u> 2	<u>3</u> C	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Ro Co	orrected By
Section	CITTC	IX	Ivairative			10 00 00	orrected By
			No violations observed at time	ne of inspection.			
			THE VIOLATIONS COORTING AT ALL	io or mopositorii			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment 739 W 3 Owner Chelsea Owner's Addre	Address 3rd S	St,			Telephone Number (270-570-5731 (270-570-5731 Purpose: Routine Follow-up	Date of Inspectimm/dd/yr) 01/05/2 Follow-up NO Summary of	2022 Releas 01/	15/2022
Person in Char Chelsea Responsible Pe	rge A Bla erson's E	INC -mai)42	Complaint Pre-Operational Temporary HACCP Other (list)	Menu Type	NC	ional page)
• VIOLATION(S			NTIFIED IN THE CHECKLIST AND NARRAT					BELOW AS "R"
Received by (na	ame and	title p	No violations obse	erved at tin	Inspected by (name and title pr	rinted):		
Received by (signature)	gnature):		cc:		Inspected by (signature):	cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm Emer		ìre	ens Jasper		Telephone Number (773-759-9827	Date of Ins (mm/dd/yr)	1D# 458
			mber and street, city, state, zip code)			01/14	/2022	730
1639	Gun (Clu	b Rd, Jasper, IN, 475	546	773-759-9827			
Owner					Purpose:	Follow-up		
Barry)p			Routine	No	01/	24/2022
Owner's Ac		:lu	b Rd, Jasper, IN, 475	546	Follow-up	Summary	of Violation	ns:
Person in C		Jiu	b 1(d, bd5pc1, 114, 47)) 10	Complaint	l " ()	NC_() _()
Barry		g			✓ Pre-Operational	c	NC_	_ R
Responsible			il		Temporary	Menu Typ	e (See addi	tional page)
					HACCP		\bigcirc_3	
Certified For Barry I					Other (list)	1 2		<u>1405</u>
			ENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS N	MARKED "C"	<u> </u>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DE	NOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	rrected By
			OK	TO OPERA	\TE			
				1				
Received by	(name and	title	printed):		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ection	ID#
Cuzco	o Aud	ctic	on House	(812-351-1414	(mm/dd/yr) 01/26/2	າດວາ	459
			mber and street, city, state, zip code)	(812-351-1414	01/26/2	2022	
6392 I	N Cuz	CO	Rd N, Dubois, IN, 47527	012-331-1414			
Owner	1.1			Purpose:	Follow-up		e Date
Curtis				Routine	No	02/	05/2022
Owner's Ad		, D	d N, French Lick, IN, 47432	Follow-up	Summary of	f Violation	is:
Person in C		רו נ	u IV, I TEHOH LICK, IIV, 47432	Complaint	\cap	$_{\rm NC}$	
Curtis				Pre-Operational	C	NC_	R = R
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР	,,,	_	
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \bullet	$_{4}\bigcirc_{5}\bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	rrected By
			No violations observed at tin	ne of inspection.			
				<u> </u>			
			OK to operate	O			
			On to operati	<u> </u>			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
		1		Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

							_
Establishm AMEI		Ν	LEGION POST 147	Telephone Number (812-482-3862)	Date of Ins (mm/dd/yr 02/07)	ID# 3
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.)Owner	02/07	12022	
Owner MEME	BERS	0	F CLUB	Purpose: Routine	Follow-up No		e Date 17/2022
Owner's Ac 1220 N		10	N STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in C Elizab		err	า	Pre-Operational	c_ U	NC	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For			exp. 11/13/2024	Other (list)	102	<u></u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at tin	ne of inspection.			
				•			
Received by	(name and	title		Inspected by (name and title pr	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme HOLLAN		ERIC	CAN LEGION (HARMEYER POST #343)	Telephone Number () Establishment	Date of Insp (mm/dd/yr)		ID# 4	
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) STREET, HOLLAND, IN, 47541	812-536-3096	02/08/2022			
Owner			HE HOLLAND AMERICAN LEGION	Purpose:	Follow-up No		e Date 18/2022	
Owner's Ad P.O. E		'3,	HOLLAND, IN, 47541	Follow-up Complaint	Summary of	of Violation	_	
Person in C Roxan		hei	rman	Pre-Operational Temporary	C	NC_1		
Responsible	Person's	E-mai	il	НАССР	Menu Type	e (See addit	tional page)	
Certified Fo			ERMAN 11/21/2025	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>	
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
173	С	R	Raw chicken being stored above ready	to eat food in 3 doo	r black	02/1	8/2022	
			refrigerator in the k	itchen				
234	NC		Large metal ice scooper was not being s	tored properly in be	tween			
			uses			Cor	rrected	
Received by	(name and	title p		Inspected by (name and title processing Pie				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

			<u> </u>	•			
Establishme DUTCH		Г- В	LESCH SALES AND SERVICES INC.	Telephone Number (812-536-3421	Date of Ins (mm/dd/yr)		1D#
			mber and street, city, state, zip code) ST., HOLLAND, IN, 47541	⁽ 812-536-3233	02/08	2022	
Owner LEE B				Purpose:	Follow-up No		se Date /18/2022
Owner's Ac		Ν ′	1025 S, HOLLAND, IN, 47541	Follow-up Complaint	Summary	of Violation	ns:
Person in C BECK	harge			Pre-Operational	$_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}} \mathbf{U}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	itional page)
Certified For		er		Other (list)	1 2	<u>•</u> 3 <u>C</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	LITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
				Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		\sim 1		Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			BY MEYER	812-367-1690	02/14/2	2022	20
			mber and street, city, state, zip code) TE RD 162, HUNTINGBURG, IN, 47542	⁽ 812-367-1690			
Owner BRAD	BRC	W	N & JARED FELTNER	Purpose: Routine	Follow-up No		e Date 24/2022
Owner's Ad				Follow-up	Summary of	Violation	ns:
		RD) 162, HUNTINGBURG, IN, 47542	Complaint	n	_) (
Person in C BRAD		W	N & JARED FELTNER	Pre-Operational Temporary	c_ U _	NC_	D R U
Responsible	Person's	E-mai	il	HACCP	Menu Type	(See addii	tional page)
Certified Fo			ER exp. 7/18/2022	Other (list)	$1\bigcirc 2$	<u>)</u> 3 <u>©</u>	04050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	o Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title pr Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		ce:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme BUTCHI		ST	ERN SALOON & FAMILY RESTAURANT	Telephone Number (812-678-2591	Date of Ins (mm/dd/yr	·j	ID# 24
Establishme	ent Addres	ss (nu	mber and street, city, state, zip code)		02/18	/2022	24
	<u> </u>	<u>IN</u>	STREET, DUBOIS, IN, 47527	⁽ 812-678-3161			
		TE	ERWISKE	Purpose: Routine	Follow-uj No		Se Date 28/2022
Owner's Ad		—	DOIS IN 47527	Follow-up	Summary	of Violation	18:
Person in C		<u> </u>	BOIS, IN, 47527	Complaint		NC_	
BUTC				Pre-Operational	C_{-}	NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
G 1101 1 1 1	1 77 11			Other (list)		\bigcirc_3).().()
Certified Fo			SKE EXP 3/13/22			<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
130	NC		Hand washing sink in kitchen is not bei		ashing	08/1	18/2022
			3 compartment sink is being	g used instead			
Received by	(name and	title j		Inspected by (name and title p			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm CASE		GE	ENERAL STORE #3504	Telephone Number (812-367-0872)	Date of Ins (mm/dd/yr	j	1D# 26
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	()Owner	02/20	/2022	
		1AI	RKETING COMPANY	Purpose: Routine	Follow-up		te Date 10/2022
	OX 30	01	, ANKENY, IA, 50021	Follow-up Complaint		of Violation	_
Person in C	ra Wi			Pre-Operational Temporary		NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			xp. 10/28/26	Other (list)	1 2	<u>3</u>	04050
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
D : 11				·			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ec:		cc:		



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Establishme GI #8				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID# 34
		s (nu	mber and street, city, state, zip code)	812-678-5295	02/18/2	2022	34
5498 I	E MA	IÑ.	STREET, DUBOIS, IN, 47527	⁽ 813-740-0422			
Owner	ר ואום	1 A N	NA LLC	Purpose:	Follow-up		e Date 28/2022
Owner's Ac		IAI	NA LLC	Routine			
		٩N	KLIN ST, TAMPA, FL, 33602	Follow-up Complaint	Summary o		
Person in C	harge			Pre-Operational	$_{\rm C}$ ${\sf O}$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
			NA LLC	Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$\mathbf{D}_{3}\mathbf{C}$	$_{4}\bigcirc_{5}\bigcirc$
exemp	t						
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title p	,	Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):	-1 II II		
,	/						
cc:			ce:		cc:		



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Establishm WES		Ε	DAIRY QUEEN & OJ	Telephone Number (812-482-2766)	Date of Ins (mm/dd/yr	j	1D# 52
Establishm 606 W	ent Addres / 6TH	ss (nu	mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-634-9588	02/17	/2022	
Owner PHYL	LIS S	TE	NFTENAGEL	Purpose:	Follow-uj		se Date 27/2022
	STAC	ΈY	LANE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C	<u>LIĔ P</u>			Pre-Operational Temporary	<u>c_</u> U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Natalie			024	Other (list)	102	<u>3</u>	<u></u>
• CRITICAL	L ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title p	printed):	Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe	ection	ID#
			F JASPER	⁽ 812-482-6000	(mm/dd/yr) 02/23/2	2022	53
			mber and street, city, state, zip code) STRASSE, JASPER, IN, 47546	⁽ 812-661-7836	02/20/	2022	
Owner KALA	INC.			Purpose: Routine	Follow-up No		e Date 05/2022
Owner's Ad				Follow-up	Summary o	f Violation	ns:
2011 /	Ander	'SO	n Road, Newburgh, IN, 47630	Complaint	آ م	(١
Person in C				Pre-Operational	$_{\rm C}$ ${\sf U}$	NC (J _R U
MARY	KLE	M		Temporary)	110	_ ~
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
					\bigcirc		
Certified For Molly 1			r 1/11/2022	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>(•</u>	<u>/4</u> <u>5</u> <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		ŗ	Го Ве Со	orrected By
			No violations observed at tim	ne of inspection.			
Dagging d 1	(nome or 1	titla -	arintad):	Ingnosted by (name and title	intad):		
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	intea):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme			ECDEATION CENTED INC	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			ECREATION CENTER INC.	812-481-2695	02/16/	2022	64
			mber and street, city, state, zip code) DADS AVENUE, JASPER, IN, 47546				
Owner PAUL	AND	Sl	JSAN LEMOND	Purpose: Routine	Follow-up NO		se Date 26/2022
Owner's Ad			14.0DED IN 475.47	Follow-up	Summary o	f Violation	ns:
		<u>'01</u>	, JASPER, IN, 47547	Complaint	\cap		
	AND		JSAN LEMOND	Pre-Operational Temporary	c_ U	NC_	
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	or.		Other (list)	102),(•),(),()
			exp. 10/8/2025		1 2 2	<u></u>	<u>/4030</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
310	NC		Observed buildup of dust/dirt/debris	on exhaust vents a	above	08/	16/2022
			fryers and flattop	grills.			
Received by	(name and	title 1		Inspected by (name and title pr	rinted):		
		_		Kymberlee			
Received by	(signature)):		Inspected by (signature):			
	_						
cc:			cc:		cc:		



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				_			
	ANIC		PROCESSING, INC.	Telephone Number (812-367-2073)	Date of Ins (mm/dd/yr) 02/02		1D# 75
			mber and street, city, state, zip code) 「REET, FERDINAND, IN, 47532	(812-639-9948	02/02	2022	
Owner PAUL	AND	P	AULA GOGEL	Purpose: Routine	Follow-up		e Date 12/2022
	FERD	INA	AND RD. E, FERDINAND, IN, 47532	Follow-up Complaint	Summary	of Violation	
	AND		AULA GOGEL	Pre-Operational Temporary	c_ U	NC_	
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified For Amana			l exp. 7/25/2022		1 <u></u> 2	<u>3</u> C	<u> </u>
• CRITICAI	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
346	NC		Observed no hand soap at ha	andwashing sink)2/2022
010	110		Obootivou no nana coap at ne	andwaoming omit.		00/0)L, LULL
Received by	(name and	title	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm HAM		١I	NN	Telephone Number (812-481-1888)	Date of Instance (mm/dd/yr)		ID# 86
			mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-630-1355	02/23/	2022	
Owner MGA	FAMI	LY	GROUP INC.	Purpose: Routine	Follow-up No		ne Date 05/2022
	RD A'	VΕ	NUE, JASPER, IN, 47546	Follow-up Complaint		of Violation	_
	FAMI		GROUP INC.	Pre-Operational Temporary			0_{R}
Responsible			il	HACCP	Menu Typ	e (See addi	tional page)
Certified For Jane H			ang exp. 4/16/2023	Other (list)	1 <u></u> 2	<u>3</u>	<u> 1405</u>
• CRITICAI	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
				•			
Received by	(name and	title j		Inspected by (name and title pr	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		С Г	DECTALIDANT #1502272	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			RESTAURANT #1503373	812-634-9469	02/02/	2022	88
			mber and street, city, state, zip code) STREET, JASPER, IN, 47546	⁽ 87 7 -312-4287			
Owner	. w.o.			Purpose:	Follow-up		se Date
Starco				✓ Routine	No	02/	12/2022
Owner's Ac		rn F	Rd Ste 100, Phoenix, AZ, 85014	Follow-up	Summary of	of Violation	ns:
Person in C		1111	(d Ste 100, 1 Hoellix, AZ, 03014	Complaint	0	$_{\rm NC}$) ()
LISA		4		Pre-Operational	c_ O	NC_	R_O
Responsible	e Person's	E-mai	il	Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified Fo			4/4/2022	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):			
·	ĺ						
cc:			cc:		cc:		



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_	Establishment Name HOLIDAY FOODS #3			Telephone Number (812-367-1771	Date of Ins (mm/dd/yr		ID# 94
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(a.)Owner a a a a a		/2022	
Owner JOSH	WINI	KLI	ER	Purpose: Routine	Follow-uj No		te Date 10/2022
Owner's Ac		calf	f, Dale, IN, 47523	Follow-up Complaint		of Violation	_
Person in Co	acob			Pre-Operational Temporary		NC	
Responsible	e Person's	E-mai	ii	НАССР	Menu Typ	oe (See addii	tional page)
Dan Jacob exp. 3/13/2023				Other (list)	102	<u>3</u>	0_4 0_5
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
144	С		Observed several dented cans o	n the shelf for reta	il.	Co	rrected
433	NC		Observed mops not being	hung to dry.		10/2	28/2022
192	С	R	Observed expired salad mix and me	at on the shelf for	retail.	03/1	10/2022
216	NC		Observed cardboard lining the shelves	in the walk-in deli	cooler.	10/2	28/2022
438	С		Observed spray bottles with cleaning	ng chemicals in the	deli	03/1	10/2022
			not properly labe	eled.			
351	NC		Observed trash can in women's employ	ee bathroom withou	ıt a lid.	10/2	28/2022
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		20	OF DUROIS INC	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			OF DUBOIS, INC.	812-678-2772	02/18/	2022	103
			mber and street, city, state, zip code) STREET, DUBOIS, IN, 47527	⁽ 812-631-2973			
Owner	D = ===	. L		Purpose:	Follow-up		se Date
Chad		n		Routine	No	02/	28/2022
Owner's Ac 7265		nel	Iville Rd, Schnellville, IN, 47580	Follow-up	Summary o		
Person in C				Complaint	[]	NC_) [1
Chad	Perso	ch		Pre-Operational	[C	NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary	Menu Type	: (See addi	tional page)
				HACCP	$1 \sim 6$		
Certified For Madison			erl exp 12/19/2024	Other (list)	1 <u>0</u> 2		<u> 1405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
296	С	R	Observed buildup of mold/dirt on ice mad	chine from excess mo	oisture.	02/2	28/2022
			·				
		L			T		
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(cianatura)	١-		Inspected by (signature):			
Received by	(Signature)).		inspected by (signature).			
cc:			cc:		cc:		



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Establishm			_	Telephone Number	Date of Inspec (mm/dd/yr)	tion	ID#
HUC				812-481-1016	02/02/2	022	104
			mber and street, city, state, zip code) VENUE, JASPER, IN, 47546	618-382-2334	02/02/2	.022	
Owner	-11.1	_ ^	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Purpose:	Follow-up	Releas	
		BA	YLEY, INC.	Routine	No	02/	12/2022
Owner's Ac 1311A		ΙΑΙ	N STREET, CARMI, IL, 62821	Follow-up Complaint	Summary of		
Person in C		α		Pre-Operational	$_{\mathrm{c}}$ U	_{NC_1}	$_{\rm R}$ U
Jennif				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type (See addit	ional page)
Certified Fo	ood Handle	r		Other (list)	1(),($)_3$	$A \bigcirc 5 \bigcirc$
			an exp. 1/19/2026		1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
310	NC		Vent in kitchen area had	build up on it		07/0	4/2022
Received by	(name and	title p		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name HUCK'S #339				Telephone Number	pection)	ID#		
				812-683-5566	,	/2022	105	
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	618-382-2334	<u> </u>			
Owner MART	IN &	BA	YLEY INC.	Purpose: Routine	Follow-uj		e Date 19/2022	
Owner's Ac	ddress			Follow-up	Summary	of Violation	is:	
		IAI	N STREET, CARMI, IL, 62821	Complaint	3) 2	
Person in Co		er		Pre-Operational	C	NC_	$\frac{2}{R}$	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type (See additional page)			
Certified Fo	ood Handle	or		Other (list)	1()2	\bigcirc_3),(),()	
			кр. 01/19/2026		1	<u> </u>	<u> 4030</u>	
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
192	С	R	Observed several items (milk, hard boiled e	eggs and ready to eat	foods)	02/1	7/2022	
			in coolers for ret	tail.				
217	NC		Observed several broken or cracked	food storage conta	iners.	08/0	08/2022	
310	NC	R	Observed build of dust/dirt/debris on ce	iling vents in kitcher	area.	08/0	08/2022	
295	С	R	Observed buildup of dust/dirt/debris on r	acks in walk-in cool	er and	02/1	7/2022	
			rack outside of cooler with storage	e containers on the	m.			
415	С		Observed live cockroaches on the dri	nk station counter	and in	02/1	7/2022	
			walk-in cooler	•.				
Received by	(name and	title p	,	Inspected by (name and title pr	rinted):			
				Kymberlee				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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Establishm HUC		33	9	Telephone Number (812-683-5566	Date of Ins (mm/dd/yr)	10 <i>#</i> 105
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(04 à 0 mars 000 4	02/18	/2022	
Owner	VI/AII N	01	KLLT, HONTHNODONO, IN, 47342		F-II	Releas	- D-4-
MART		ΒA	YLEY INC.	Purpose: Routine	Follow-uj No		28/2022
Owner's Ac		1AI	N STREET, CARMI, IL, 62821	Follow-up Complaint	Summary	of Violation	
Person in C			·		$\bigcup_{i \in I} U_i$	$_{\rm NC}$) , ()
Jessie	: Prille	er		Pre-Operational	<u> </u>	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\circ	
Certified Foundation			кр. 01/19/2026	Other (list)	1 2	<u></u>	<u>14050</u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			Spoke with management about pests, e	exterminator schedu	le is in		•
			place and are working to res				
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		RΙ	IRG COUNTRY CLUB INC.	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-683-3376	02/23	2022	107
			TREET, HUNTINGBURG, IN, 47542	⁽ 812-683-3376			
Owner MEME	BERS	OI	- CLUB	Purpose: Routine	Follow-up		se Date 05/2022
Owner's Ac				Follow-up		of Violation	
739 W.	THIRE	S C	TREET, HUNTINGBURG, IN, 47542	Complaint	Summary		
Person in C				Pre-Operational	$_{\rm C}$ U	NC_(\mathcal{I}_{R} \mathcal{U}_{R}
Ann B				Temporary			
Responsible	Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			kp 1/19/2024		1	<u> </u>	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	e of inspection.			
Received by	(name and	title r	orinted):	Inspected by (name and title p	rinted):		
		F	,	Kymberlee	/-		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishme JASP		ΛA	RATHON (D-ROCK INC)	Telephone Number (812-482-5259)	Date of Ins (mm/dd/yr)	1D#
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(0.4.)Owner 04.0.4	02/23	/2022	
Owner DERE	KAN	D I	MARY "CONNIE" JONES	Purpose:	Follow-up No		se Date 05/2022
Owner's Ac		RO	OK RD., LOOGOOTEE, IN, 47553	Follow-up Complaint	_ `	of Violation	_
Person in C	YL H			Pre-Operational Temporary			$\frac{0}{R}$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For Mary C			exp. 4/20/2022	Other (list)	102	<u>3</u>	<u></u>
• CRITICAL	LITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	l title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):	,		
cc:			сс:		cc:		



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Establishme JASP		ЛC	OSE LODGE #1175	Telephone Number (812-482-2000)	Date of Insp (mm/dd/yr)		ID# 115	
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	() Owner	02/07/	2022	110	
2507 N	NEWT	ON	N STREET, JASPER, IN, 47546	812-482-2116				
Owner MEME	BERS	OI	F CLUB	Purpose: Routine	Follow-up NO	Release 02/	e Date 17/2022	
Owner's Ac		\sim	LOTDEET LACDED IN 47546	Follow-up	Summary o	f Violation	ns:	
Person in C		Ol	N STREET, JASPER, IN, 47546	Complaint	\cap	NC_		
		INI	NGER	Pre-Operational	c	NC	R C	
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type (See additional page)			
Certified Fo	17 11			Other (list)	,(),(),(•)	\bigcirc	
			r exp. 12/17/2025			<u></u>	<u> 4030</u>	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		,	To Be Co	rrected By	
347	NC		Observed no paper towels at hand v	vashing sink in kito	chen.	08/0	08/2022	
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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Establishm COLUME		ME	ASSOCIATION (KNIGHTS OF COLUMBUS)	Telephone Number (812-482-4292	Date of Ins (mm/dd/yr)	ID# 118
			mber and street, city, state, zip code) REET, JASPER, IN, 47546	812-482-4292	02/11	/2022	
Owner			F THE CLUB	Purpose:	Follow-uj		se Date 21/2022
Owner's Ac 201 E		l S	TREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C Keith	Schro			Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For CHRIS			R GENCO 11/19/2024	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC		Observed scoopers in bulk containers of	baking/cooking ingre	edients	08/1	11/2022
			to not have hand	lles.			
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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					_		
Establishm KROI		VE	NDING	Telephone Number 812-482-3995	Date of Ins (mm/dd/yr)	1D#
			mber and street, city, state, zip code) NG ROAD, JASPER, IN, 47546	(a,)Owner	02/17	/2022	
Owner DAN S	SMITH	4		Purpose:	Follow-uj		se Date 27/2022
Owner's Ac 8823		R[D 775 E, STENDAL, IN, 47585	Follow-up Complaint		of Violation	
Person in C	Charge			Pre-Operational	c_1	NC_	$I_{R} U$
Responsible				Temporary HACCP	Menu Typ		tional page)
Certified Fo			7/26/21	Other (list)	102	<u>3</u>	<u>4</u> 050
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
118	С		Certified manager certification	ate is expired		02/2	28/2022
347	NC		Hand washing sink had no	paper towels		08/	17/2022
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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				-			
Establishment Name LOS DOS CHARROS MEXICAN RESTAURA			RROS MEXICAN RESTAURANT	Telephone Number (812-683-5724	Date of Ins (mm/dd/yr		130
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 812 ⁻ 630-5984			
Owner RAMII	RO LI	ΞΟ	N	Purpose: Routine	Follow-uj		te Date 19/2022
Owner's Ac 1027		S	T, HUNTINGBURG, IN, 47542	Follow-up Complaint	_ `	of Violation	_
Person in C		ΞΟ	N	Pre-Operational	_C 3	NC_	5 _R 2
Responsible	e Person's	E-ma	il	Temporary HACCP	Мепи Тур	pe (See addii	tional page)
Certified For Ramiro			xp. 4/11/2024	Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
199	NC	R	Observed chicken being thawed at room t	emperature without r	unning	08/0	09/2022
			water.			1	
173	С		Observed chicken being stored above red	d meat in walk-in coo	er and	Co	rrected
			poultry being stored above ready to eat	t foods in reach in fr	eezer.		
189	С		Observed cooked foods being left on sto	ovetop to cool instea	d of in	02/2	21/2022
			smaller containers in wa	•			
191	С	R	Observed salsa in walk-in cooler	not labeled or date	∍d.	02/2	21/2022
232	NC		Observed cardboard lining shelve	es in walk-in coole	r.	08/0	09/2022
146	NC		Observed foods being stored in unapprove		•	08/0	09/2022
			establishmen				
Received by	(name and	title 1		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name	Telephone Number	Date of Ins		ID#
MY JALAPENO INC.	812-683-4048	02/09	,	148
Establishment Address (number and street, city, state, zip code) 1107 N MAIN STREET, HUNTINGBURG, IN, 47542	(706-224-9912	02/00	, 2022	
Owner SUSAN RAMIREZ	Purpose: Routine	Follow-up No		e Date 19/2022
Owner's Address 240 Creek Drive, HULL, GA, 30646	Follow-up Complaint	-	of Violation	
Person in Charge SUSAN RAMIREZ	Pre-Operational	c_1	NC_	<u>R_Z</u>
Responsible Person's E-mail	Temporary HACCP	Menu Typ	e (See addii	ional page)
Certified Food Handler	Other (list)	100	\bigcirc),(),()
Javier RAMIREZ EXP. 1/21/2026		1		<u> 4030</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section# C/NC R Narrative			To Be Co	rrected By
199 NC R Observed frozen meat thawing at roo	m temperature inst	ead of	Coi	rected
under running w	ater.			
146 NC R Observed foods being stored in unappre	oved containers in fr	eezer.	08/0	9/2022
218 NC Observed deep freezer to be in need	of repair (broken ga	asket,	08/0	9/2022
door not closing pro	operly).			
411 NC Observed dim lighting in v	walk-in cooler.		08/0	9/2022
438 C Observed spray bottle of cleaning solu		beled.	02/2	21/2022
Received by (name and title printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by (signature):	Inspected by (signature):			
cc: cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

				T			T
Establishm		INI	NI	Telephone Number	Date of Ins (mm/dd/yr		ID#
	_ITY			812-683-2334	02/23	/2022	162
			mber and street, city, state, zip code) STREET, HUNTINGBURG, IN, 47542	⁽ 812-661-7836			
Owner KALA	НОТ	EL	S GROUP LLC	Purpose:	Follow-uj		se Date 05/2022
Owner's Ac				Follow-up	Summary	of Violation	
2011 A	NDE	RS (ON RD., NEWBURGH, IN, 47630	Complaint	-		
Person in C SAM	Charge			Pre-Operational	c_{0}	NC_	$\frac{\mathbf{J}}{\mathbf{R}} \mathbf{U}$
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
•				НАССР			
Certified Fo			0/16/2023	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
Sections	0/1/0		No violations observed at time	ne of inspection		10200	Arocca By
			140 Violations observed at till	ic of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme RULE)6'	1	Telephone Number	Date of Ins (mm/dd/yr		ID#
			I mber and street, city, state, zip code)	812-481-0030	02/01	/2022	168
			TREET, JASPER, IN, 47546	⁽ 615-232-9812			
Owner KROG	ER L	.IM	ITED PARTNERSHIP I	Purpose:	Follow-uj		se Date 11/2022
Owner's Ad				Follow-up	Summary	of Violation	ns:
PO BO	<u> </u>	<u>)51</u>	03, NASHVILLE, TN, 37230	Complaint		() (
Person in C		 CH	EPERS	Pre-Operational	c_ U	NC_	J _R U
Responsible	e Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		\bigcirc 6	
Certified For JORY			10-30-2024	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4</u> <u>5</u> <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
		$\vdash\vdash$					
		Ш					
				_			
		Ш					
Received by	(name and	title p		Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		\sim	DD MART	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	(812-482-7031	02/02/2	2022	180
			ROAD 56, JASPER, IN, 47546	⁽ 812-639-0113			
Owner	o Sor	ma	arah aim	Purpose:	Follow-up	Releas	
		me	ersheim	Routine	No		12/2022
Owner's Ac 3477		W	, JASPER, IN, 47546	Follow-up Complaint	Summary of	_	
Person in C	harge			Pre-Operational	$_{ m c}$ U	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
			enagel	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addii	tional page)
Certified Fo				Other (list)	102	$)_3$	0_4 0_5
David	Haser	านด	our 11/19/2024				
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title p		Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

ST B)IC	CT'S BREW WORKS	Telephone Number (812-998-2337	Date of Ins (mm/dd/yr		то# 182
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	⁽ 812 ⁻⁷ 19-2301	02/02	12022	
Owner VINCE	E LUE	ECI	ΚΕ	Purpose: Routine	Follow-uj		ne Date 12/2022
	E CF	R 1	225 N, EVANSTON, IN, 47531	Follow-up Complaint	Summary	of Violation	
Person in C	E LUE			Pre-Operational Temporary	c	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			CKE exp 12/9/2026	Other (list)	1 2	<u></u>	<u></u>
• CRITICAI	LITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
346	NC		Observed no hand soap at hand wa	ashing sink behind	bar.	08/0)1/2022
191	С	R	Observed several items in reach in cooler	s in kitchen area not	dated.	02/1	14/2022
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe	ection	ID#
TRIP				(812-827-0359	(mm/dd/yr) 02/07/2	2022	201
			mber and street, city, state, zip code) RIVE, HUNTINGBURG, IN, 47542	⁽ 812 ⁻ 827-0359	02/01/1	2022	
Owner BRAD	DET	⊏D		Purpose:	Follow-up		e Date 17/2022
				✓ Routine		-1	
Owner's Ad 3656 V		and	d Road E., Huntingburg, IN, 47541	Follow-up Complaint	Summary of		
Person in C				Pre-Operational	$_{\mathrm{C}}$	NC_	\mathcal{L}_{R}
				Temporary	M T	/G 1.1:	7
Responsible	e Person's	E-mai	u	НАССР	Menu Type	(See aaan	nonal page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>C</u>	$0.4 \bigcirc 5 \bigcirc$
Exemp	ot						
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm WINF		W	EST BED AND BREAKFAST	Telephone Number (812-556-0111	Date of Ins (mm/dd/yr	j	ъ# 212
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-556-0111	02/01	/2022	
Owner REGII	VA &	FR	ED TONE	Purpose:	Follow-uj		se Date // 11/2022
Owner's Ac		S	TREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	VA &		ED TONE	Pre-Operational Temporary	<u>c</u> _U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For REGIN			D-TONE EXP 12/15/2025	Other (list)	102	<u>3</u>)4050
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title j		Inspected by (name and title p Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					1		
Establishm CEDA		RES	ST INTERMEDIATE SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr)	тр# 218
			mber and street, city, state, zip code) Road 162, Huntingburg, IN, 47541	812-817-0900	02/14	/2022	
Owner			DUBOIS CO SCHOOL CORP	Purpose:	Follow-up		se Date 24/2022
Owner's A	ddress		., Ferdinand, IN, 47532	Follow-up		of Violation	ns:
Person in C	harge			Complaint Pre-Operational	c_0	NC_($\frac{1}{R}$
Responsible			-	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For			oley 01/19/2022	Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
D : 11		414	- 1 D	T (11 (100	:		
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		
			33.				



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm DUBC		O	UNTY SECURITY CENTER	Telephone Number (812-482-3522)	Date of Ins (mm/dd/yr)	1D# 224
			mber and street, city, state, zip code) rass, Jasper, IN, 47546	⁽ 812-482-3522	02/10	/2022	
Owner			NTY SECURITY CENTER	Purpose:	Follow-uj		se Date 20/2022
Owner's Ac	ddress			Follow-up Complaint		of Violation	_
Person in C JOAN		ΗN	IARR	Pre-Operational Temporary	$_{\rm C}$	NC_	0_{R}
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Brenda			veich exp. 8/6/2024	Other (list) 	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title 1	printed):	Inspected by (name and title p	cinted):		
Received by	(name and	uuc j		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		: I F	EMENTARY	Telephone Number (812-678-2251	Date of Insp (mm/dd/yr)	ection	ID# 225
			mber and street, city, state, zip code)		02/18/	2022	223
			PHAEL ST, DUBOIS, IN, 47527	⁽ 812-678-2781			
Owner	HEV	2T	DUBOIS CO SCHOOL CORP	Purpose:	Follow-up		e Date 28/2022
Owner's Ac		<u> </u>	DUBUIS CO SCHOOL CORP	Routine			
		IN :	STREET, DUBOIS, IN, 47527	Follow-up Complaint	Summary o		
Person in C		 ?T	DUBOIS CO SCHOOL CORP	Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addi)	tional page)
P				НАССР	•	_	
Certified Fo			xp. 7/27/2026	Other (list)	102	<u>3</u>	<u>1</u> 4 <u>U</u> 5 <u>U</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	Го Ве Со	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	OIS N		DDLE SCHOOL	Telephone Number (812-678-2251	Date of Ins (mm/dd/yr		1D# 226
Establishm 4550	ent Addres N FO	is (nu UR	mber and street, city, state, zip code) TH ST, DUBOIS, IN, 47527	⁽ 812-678-2781	02/10	12022	
Owner NORT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-uj No		e Date 28/2022
	E MA	IN	STREET, DUBOIS, IN, 47527	Follow-up Complaint	Summary	of Violation	
	HEAS		DUBOIS CO SCHOOL CORF	Pre-Operational Temporary	C	NC_	
Responsible			ıl	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified For Patty E			xp. 7/24/2023		1 <u>0</u> 2	<u></u>	<u> </u>
• CRITICAI	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	UMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at til	me of inspection.			
Received by	(name and	title j	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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							7
Establishm FERD		NE	ELEMENTARY SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr 02/28)	1D# 227
			mber and street, city, state, zip code) Ferdinand, IN, 47532	⁽ 812-817-0900	02/20	12022	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj		se Date 10/2022
Owner's Ac		S1	REET, FERDINAND, IN, 47532	Follow-up Complaint	_	of Violation	
Person in C Debbi		ech	ler	Pre-Operational Temporary	_C	NC_	J _R U
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			nler 1/19/2022	Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	L ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rınted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm FORE		PΑ	RK JR-SR HIGH SCHOOL	Telephone Number (812-367-1831	Date of Ins (mm/dd/yr		ID# 229
			mber and street, city, state, zip code) o St., Ferdinand, IN, 47532	(812-817-0900		/2022	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj No		se Date 10/2022
	15TH	SI	REET, FERDINAND, IN, 47532	Follow-up Complaint	_	of Violation	
Person in C Lisa F	letche			Pre-Operational Temporary		NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For			exp 1/19/2022	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>4</u> 050
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title j		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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					1		
Establishm HOLL		E	LEMENTARY SCHOOL	Telephone Number (812-536-2441	Date of Ins (mm/dd/yr 02/08)	1D# 230
			mber and street, city, state, zip code) IAN ST, HOLLAND, IN, 47541	⁽ 812-683-3971	02/00	72022	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		se Date 18/2022
	ACKS	NC	STREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
	NDA Ł		MMAN	Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For Karen			exp. 3/13/2022	Other (list)	102	<u>3</u>)4050
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title p		Inspected by (name and title policy) Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme	RINITY	s (nu	ENTRAL CAMPUS (@ Precious Blood) mber and street, city, state, zip code) ST., JASPER, IN, 47546	Telephone Number (812-482-4461 (812-482-4461 Purpose:	Date of Ins (mm/dd/yr O2/14	/2022	1D # 231 se Date
GAIL I	FLAN	NA	AGAN	Routine	No		24/2022
Owner's Ad		า .S	t., Jasper, IN, 47546	Follow-up	Summary	of Violation	18:
Person in C	harge		-	Complaint Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	$_{\rm NC}$ ($\binom{1}{R}$
GAIL I				Temporary			
Responsible	e Person's	E-ma	ıl	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			5/1/2023	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
			Recommended brighter light bulbs for	or both walk-in coo	lers.		
Received by	(name and	title p		Inspected by (name and title position Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		T\/	FACT CAMPLIC (@ Haby Family)	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			EAST CAMPUS (@ Holy Family)	812-482-4485	02/14/	2022	232
			mber and street, city, state, zip code) Ve., Jasper, IN, 47546	⁽ 812-482-4485		_	
Owner GAIL	FLAN	NΑ	AGAN	Purpose: Routine	Follow-up NO		ne Date 24/2022
Owner's Ac			t Jacobar IN 47546	Follow-up	Summary of	of Violation	ns:
Person in C		10	t., Jasper, IN, 47546	Complaint		$_{\rm NC}$) ()
GAIL		NΑ	AGAN	Pre-Operational	C_{-}	NC_	R_O
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	e (See addi	tional page)
Certified Fo	and Handle			Other (list)	\int_{1}),(•),(),()
			exp. 8/7/2023			<u>3</u>	4030
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		\Box	To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p	<i>'</i>	Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm 501 W	INGE	s (nu	RG ELEMENTARY SCHOOL mber and street, city, state, zip code) DRIVE, HUNTINGBURG, IN, 47542	Telephone Number (812-683-1172 (812-683-1172	Date of Inspection (mm/dd/yr) 02/23/2022		1D# 233
SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		Date 05/2022
Owner's Ac		ON	STREET, HUNTINGBURG, IN, 47542	Follow-up	Summary of	f Violation	ns:
Person in C	harge			Complaint Pre-Operational	$_{\rm c}$	NC_	
Responsible			il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo			/13/2022	Other (list)	102	<u>3</u>	04050
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	AND		LEMENTARY SCHOOL	Telephone Number (812-482-7751	Date of Ins (mm/dd/yr) 02/14	j	1D# 234
4940 \			mber and street, city, state, zip code) TH ST, JASPER, IN, 47546	⁽ 812-482-1801			
		ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-up No		e Date 24/2022
	ST. C	HA	RLES ST, JASPER, IN, 46546	Follow-up Complaint	Summary	of Violation	
Person in C LaDor	nna W			Pre-Operational Temporary	c_ U	NC_	J _R U
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For LaDon			er 5/8/2023	Other (list)	1 2	<u>3</u>	<u> 14050</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	ER (RISTIAN ACADEMY		Telephone Number (812-634-2406 Date of Inspection (mm/dd/yr) 02/10/2022					
			mber and street, city, state, zip code) r., Jasper, IN, 47546		12-634-2406					
		20	STOLIC CHURCH		pose: Routine	Follow-up No		e Date 20/2022		
Owner's A	ddress				Follow-up Complaint	Summary				
Person in C		N			Pre-Operational	c <u>U</u>	NC_	$I_{R}U$		
Responsible			il		Temporary HACCP	Menu Typ	e (See addi	tional page)		
Certified For			exp. 12/21/2026		Other (list)	102	<u>3</u>	04050		
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	NS MARKE	ED "C"					
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMAR	RY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative				To Be Co	orrected By		
438	NC		Spray bottle with chemicals in	it need	ds to be labeled	k	07/	1/2022		
Received by	I (name and	title j	L printed):		cted by (name and title pr					
Received by	(signature)):			cted by (signature):					
cc:			cc:	1		cc:				



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme	ER F	s (nu	GH SCHOOL mber and street, city, state, zip code) RLES ST, JASPER, IN, 47546	Telephone Number (812-482-6050 (812-482-1801 Purpose:	Date of Ins (mm/dd/yr 02/16	5/2022 	ID# 237
		ASI	PER CONSOLIDATED SCHOOLS		No	02/	26/2022
Owner's Ad 1520 S		НΑ	RLES ST, JASPER, IN, 46546	Follow-up Complaint	Summary	of Violation	ns:
Person in C		НО	FFMAN	Pre-Operational	C	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Fo			n exp.11/20/2023	Other (list)	102	<u></u>	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p	· · · · · · · · · · · · · · · · · · ·	Inspected by (name and title pr	inted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme JASP		ИIE	DDLE SCHOOL	Telephone Number (812-482-6454	Date of Ins (mm/dd/yr)	1D# 238
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) SVILLE RD, JASPER, IN, 47546	(0.4.)Owner 4.004	02/16	/2022	
		ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-uj		se Date 26/2022
Owner's Ad 1520 S		HA	RLES ST, JASPER, IN, 46546	Follow-up Complaint	Summary	of Violation	1s:
Person in C	BAR			Pre-Operational Temporary	<u>c_</u> U	NC_	J _R U
Responsible	Person's	E-mai	il	НАССР	Menu Typ	_	tional page)
Certified Fo			. 11/18/2025	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> 05 <u></u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
	(1		Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	THE		T DUBOIS HIGH SCHOOL	Telephone Number (812-678-2251	Date of Ins (mm/dd/yr) 02/18		1D# 242
Establishm 4711	ent Addres V DUI	s (nu 30	mber and street, city, state, zip code) IS RD NE, DUBOIS, IN, 47527	⁽ 812-678-2781	02/10/	2022	
Owner NORT	HEA:	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		e Date 28/2022
Owner's Ac 5379		IN	STREET, DUBOIS, IN, 47527	Follow-up Complaint	Summary	of Violation	
Person in Course		ma	n	Pre-Operational	$_{\rm C}$	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			ЛАN exp. 3/12/2024	Other (list)	102	<u>3</u>	04050
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title 1		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	RID		ELEMENTARY SCHOOL	Telephone Number (812-326-2324	Date of Ins (mm/dd/yr 02/25)	1D# 244
Establishm 4613	ent Addres S. Pin	s (nu e F	mber and street, city, state, zip code) Ridge Rd., Birdseye, IN, 47532		02/23		
		ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-uj		e Date 07/2022
	. 15th	St	t., Ferdinand, IN, 47532	Follow-up Complaint	Summary	of Violation	
	NDA (TGSELL	Pre-Operational Temporary	с_О	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fe Melind			ell exp 11/11/2022	Other (list)	1 2	<u>3</u>	<u>14050</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				•			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme SISTI		OF	SAINT BENEDICT	Telephone Number 812-367-1411	Date of Ins (mm/dd/yr)	то# 246
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47546	(a a)Owner _	02/02	/2022	
Owner SISTE	RS C)F	ST. BENEDICT	Purpose: Routine	Follow-up NO		e Date 12/2022
	10TH	S1	TREET, FERDINAND, IN, 47532	Follow-up Complaint	_ `	of Violation	_
Person in C	asher			Pre-Operational Temporary) _R 0
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Fo			0 4/20/2026		1 2	<u>3</u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE M	ADD ATIME	DELOW AC 4D#
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	MIMARY OF VIOLATIONS" AN	D IN THE N		orrected By
Section#	C/NC	K	Narrauve			10 ве Сс	оггестей Бу
			No violations observed at time	as of inspection			
			No violations observed at tim	ie of inspection.			
Received by	(name and	title j		Inspected by (name and title pr	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

SOU ⁻		DO	GE HIGH SCHOOL	Telephone Number (812-683-2272)	Date of Ins (mm/dd/yr)	ID# 247
			mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542	⁽ 812-683-2272	02/23	12022	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		se Date 05/2022
Owner's Ac		NC	STREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in CORA I		0.	TTON	Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For			xp. 6/27/2023	Other (list)	1 2	<u>3</u>	<u>)4O5O</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(nama ar 1	+i+1~ -	arintad):	Inspected by (name and title p	rintad):		
Received by	(name and	шие ј		Kymberlee	initeu):		
Received by	(signature)):		Inspected by (signature):			
	- ′			- · · · · · · · · · · · · · · · · · · ·			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

SOU ⁻		DO	GE MIDDLE SCHOOL	Telephone Number (812-683-2272)	Date of Ins (mm/dd/yr	j	1D# 248
			mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542	(a. d)Owner a come	02/23	/2022	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj		se Date 05/2022
Owner's Ad		ON	STREET, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	
Person in C	harge		TTON	Complaint Pre-Operational	$C_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo				Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
OraLe	e Cott	on	exp. 6/15/2026				
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm MEM		۱L	HOSPITAL	Telephone Number (812-996-0519	Date of Ins (mm/dd/yr)		334
			mber and street, city, state, zip code) Γ., JASPER, IN, 47546	() Owner	02/20	2022	
Owner				Purpose:	Follow-up		te Date 10/2022
Owner's Ac	ddress			Follow-up		of Violation	ns:
Person in C		<u> </u>		Complaint Pre-Operational	c_0	NC_	0_{R}
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	102	<u>3</u>	<u>4</u> 050
• CRITICAL	LITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title p		Inspected by (name and title pr Christina Pie			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm FAIR		DΙ	NN & SUITES JASPER	Telephone Number (812-250-5155	Date of Ins (mm/dd/yr)	ì	335
			mber and street, city, state, zip code) TRE LANDING, JASPER, IN, 47546	() Owner	02/01/	2022	
		ΙΤΙ	RE DEVELOPERS LLC	Purpose: Routine	Follow-up No		se Date 11/2022
Owner's A	ddress			Follow-up Complaint	Summary	of Violation	
Person in C		llv		Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			exp, 12/15/2026	Other (list)	102	<u></u>	<u>4</u> 050
		_	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme AZUL		QU	ILA		lephone Number 812-482-7550	Date of Ins (mm/dd/yr		тр# 385
			mber and street, city, state, zip code) D., JASPER, IN, 47546	() Owner	02/10	72022	
Owner SERG	IO FL	-0	RES		rpose: Routine	Follow-up Yes		e Date 26/2022
Owner's Ac		R	D., JASPER, IN, 47546		Follow-up Complaint		of Violation	
Person in C SERG		_0	RES		Pre-Operational Temporary	NC_	$\frac{2}{R}$	
Responsible	e Person's	E-ma	il		НАССР	Menu Typ	ne (See addi	tional page)
Certified Fo			ES 1/23/2025	_	Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								BELOW AS "R"
Section#	C/NC	R	Narrative					rrected By
177	С		Observed containers of shrimp and marina	ating	g meat on the floo	r in the	02/2	28/2022
			walk-in cooler. Single door refrigerator or	า ki	tchen cook line h	ad raw		
			eggs above ready to eat queso. Multip	ole i	items stored in v	valk-in		
			refrigerator without covers durir	ng i	non-peak hours			
234	NC		Observed several bulk items with so	coc	ps without hand	dles.	08/1	6/2022
191	С		Observed multiple containers in walk	-in	cooler without	dates.	02/2	28/2022
217	NC		Observed food in stand up freezer bei	ng	stored in unapp	roved	02/2	28/2022
			containers (grocery	ba	ıgs).			
187	С		Observed ingredients on table side of	jua	camole cart ten	nping	02/2	28/2022
			at 54.5 degree					
189	С		Observed prepared foods (beans, rice a		meats) being co	oled at	02/2	28/2022
			room temperature in la	arge	e pans.			
			Will call owner to discuss alternative	e w	ays of cooling for	ods		
Received by	(name and	title p			ymberlee	rinted):		
Received by	(signature)):		Insp	pected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme AZUL		ווכ	II A	Telephone Number (812-482-7550 Date of Inspection (mm/dd/yr)				ID# 385
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	() Owner	02/28	/2022	303
101 P	LACE	: R	D., JASPER, IN, 47546					
Owner SERG	io Fl	_O	RES		rpose: Routine	Follow-u		e Date 10/2022
Owner's Ac		: D	D., JASPER, IN, 47546	'	Follow-up	Summary	of Violation	ıs:
Person in C		. 1	D., JASELN, IIV, 47 340	Ļ	Complaint	3	NC_() 3
SERG		0	RES	=	Pre-Operational	C	NC_	<u></u>
Responsible	e Person's	E-ma	il	=	Temporary HACCP	Menu Typ	oe (See addii	ional page)
Certified Fo	ood Handle	er			Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
OSCA	R FLC	RI	ES 1/23/2025	_			<u> </u>	<u>- </u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
177	С	R	Observed several containers of meat	bei	ng stored on the	e floor	03/1	0/2022
			in walk-in cooler. Observed several cor	ntaiı	ners of prepared	foods		
			being stored in walk-in cooler without cov	ers	during non-peak	hours.		
191	С	R	Observed several containers of food p	roc	lucts in walk-in o	cooler	03/1	0/2022
			without dates	i.				
189	С	R	Observed large batches of food being co	ole	d at room tempe	rature.	03/1	0/2022
			Owner was present for follow	w-u	p inspection			
Received by	(name and	title j		•	ected by (name and title pr /mberlee	rinted):		
Received by	(signature)):			ected by (signature):			
cc:			сс:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	ER E		EMENTARY SCHOOL	Telephone Number () Establishment	Date of Ins (mm/dd/yr		390
			mber and street, city, state, zip code) RSVILLE RD., JASPER, IN, 47546	⁽ 812-482-1801	02,10	72022	
		ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-uj		e Date 26/2022
Owner's Ac 1520 S		AR	LES STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		ID(ORF	Pre-Operational	_c_ U _	NC_	$R = \frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ		tional page)
Certified For KAREI			RF 2022	Other (list)	$1 \bigcirc 2$	<u></u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
411	NC		Observed lighting in walk-in refrigerator	to not be working n	naking	08/1	16/2022
			it hard to find products loo	cated inside.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
	,		,	Kymberlee	ŕ		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	ON S		RINGS CUSTOM BAKING	Telephone Number (812-639-7016	Date of Ins (mm/dd/yr)		то# 391
			mber and street, city, state, zip code) RD 64, HUNTINGBURG, IN, 47542	⁽ 812-639-7016	02/23	2022	
Owner MARII		1O	PF	Purpose: Routine	Follow-up		e Date 07/2022
	STAT	ΈF	RD 64, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	LYN F			Pre-Operational Temporary	c_ U _	NC_	
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified For MARIL			PF 1-22-2025	Other (list)	1 2	<u>3</u>	4050
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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			-	-				
Establishme TAQUI		VΑI	LLARTA MEXICAN GRILL CORP	Telephone Number (812-684-8002)	Date of Ins (mm/dd/yr		то# 397	
			mber and street, city, state, zip code) ST., HUNTINGBURG, IN, 47542	(04) OWIGO 0050				
Owner ADRIA	N M	IR/	ANDA	Purpose: Routine	Follow-uj		ne Date 11/2022	
Owner's Ac 310 20		hu	ntingburg, IN, 47542	Follow-up Complaint	ns:			
Person in C		IR/	ANDA	Pre-Operational Temporary	2 _R 1			
Responsible	Person's	E-ma	il	HACCP	tional page)			
Certified Food Handler OSCAR FLORES 1-23-2025				Other (list)	1 2	<u></u>)4050	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
234	NC		Bulk spice containers have scoop	pers without handle	es	08/0)1/2022	
438	С		Multiple spray bottles around the facil	lity containing chen	nicals			
			are not labele	d		02/11/2022		
173	С		Raw eggs in walk in fridge being stored	d above ready to ea	at food	02/1	1/2022	
177	С		Multiple items being stored in the wa	alk in fridge without	any	02/1	1/2022	
			type of lids(beans, cheese,	salsa rice ect.)				
191	С	R	Multiple ready to eat product being st	ored in the walk in	fridge	02/1	1/2022	
			without dates showing either when t	he were made or v	vhen			
			they expire(salsa, che	ese ect.)				
346	NC		Hand sink located by mop sink did not ha	•	loyees	08/0	01/2022	
			to properly wash the					
			,					
Received by	(name and	title p		Inspected by (name and title prochristina Pie				
Received by	(signature)):		Inspected by (signature):				
cc:	ce: ce:							



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	Moor		Bar & Grill			ephone Number 12-678-2491	Date of Instance (mm/dd/yr)		1D# 413
			nber and street, city, state, zip code) Dubois, IN, 47527		(8)	12-678-2506	02/10/	2022	
Owner Annet	te Mo	ore)			pose: Routine	Follow-up No		e Date 28/2022
Owner's Ac 5444		am	ore St, Dubois, IN, 47	7527		Follow-up Complaint		of Violation	_
Person in C Annet		ore)			Pre-Operational	c_ U	NC	R_{R}
Responsible	e Person's	E-mai	I		Temporary HACCP	Menu Typ	e (See addii	tional page)	
Certified For Annett			4/25/2023		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> 05 <u>0</u>	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS N	MARKE	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENG		JMMAF	RY OF VIOLATIONS" AN	D IN THE NA		
Section#	C/NC	R		Narrative					orrected By
347	NC		Observed no hand towe	els for emp	loye	es to dry hands	s at	08/1	8/2022
			hand	lwashing s	ink.				
Received by	(name and	title p	rinted):		_	cted by (name and title pr	inted):		
Received by	(signature)):			_	cted by (signature):			
cc:			cc:				cc:		



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Establishme		_		Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#		
			FOOD TRUCK LOUISVILLE	502-536-5146	02/01/2	0022	419		
			mber and street, city, state, zip code) GE RD, LOUISVILLE, KY, 40222	(502-751-7058	02/01/2	.022			
Owner BRUC	E SM	ΊΙΤ	 H	Purpose:	Follow-up NO	Releas 02/	e Date 11/2022		
Owner's Ad				Follow-up	Summary of	Violation	ıs:		
		<u>۲</u> G	SLEN LN, PROSPECT, KY, 40059	Complaint		_			
Person in C BRUC		ΊΙΤ	Н	Pre-Operational Temporary	Pre-Operational C_U_NC_U_I				
Responsible	Person's	E-ma	il	НАССР	Menu Type	See addit	ional page)		
				Other (list)	\bigcirc	$)_3$	\bigcap		
Certified Fo			IITH 09-06-2026	Other (list)	12	<u> </u>	<u>/405</u>		
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"					
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAF	RATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By		
			No Violations observed at tin	ne of inspection					
Received by	(name and	title p		Inspected by (name and title processing Pierring)					
Received by	(signature)):		Inspected by (signature):					
cc:			cc:		cc:				



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

580 H Owner North Owner's Ad	ent Addres offma Fork	n F Ho	mber and street, city, state, zip code) Rd, JASPER, IN, 47546 Idings LLC/Jacob Stauffer	Telephone Number () Establishment (417-324-7768 Purpose: Routine Follow-up	Date of Ins (mm/dd/yr 02/11 Follow-up NO	72022 Releas	1D# 424 te Date 21/2022
Person in C North Responsible	Charge Fork e Person's	Ho E-ma		Complaint Pre-Operational Temporary HACCP Other (list)	c_0	NC_($\frac{0}{10000000000000000000000000000000000$
• CRITICAL	L ITEMS AR	E IDE	EXP. 4/24/2022 ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N	ARRATIVE	RELOW AS "R"
				The state of the s	1		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
			*****	* *			
			**OK to operate	9^^			
	1						
		 					
	 						
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
				. , ,			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	TIE A		NIES PRETZEL TRUCK	Telephone Number (270-360-8560	Date of Insp (mm/dd/yr) 02/09/		то# 446
			mber and street, city, state, zip code) AD, ELIZABETHTOWN, KY, 42701	⁽ 270 ⁻ 360-8560			
		Αŀ	HARDESTY	Purpose: Routine	Follow-up No		e Date 19/2022
	PARK	RO	AD, ELIZABETHTOWN, KY, 42701	Follow-up Complaint	Summary of		
	<u>MŤH</u>		HARDESTY	Pre-Operational Temporary	<u>c_U</u>	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)
Certified For JASMI			AND 8/23/21	Other (list) 	1 <u>0</u> 2(<u>3</u>	<u> 4050</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
				•			
				*			
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm CASE		GE	ENERAL STORE #2385	Telephone Number 812-683-3414	Date of Ins (mm/dd/yr 03/25)	1D# 25
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	()Owner	03/23	/2022	
Owner CASE	Y'S N	1AI	RKETING COMPANY	Purpose: Routine	Follow-up No		se Date 04/2022
	3OX 3	300	1, ANKENY, IA, 50021	Follow-up Complaint	-	of Violation	
Person in C Aman	da Sι			Pre-Operational Temporary	c_1	NC_(
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			ners exp. 7/24/2023	Other (list)	102	<u>3</u>	<u>_4</u> _5
• CRITICAL	LITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С		Observed expired milk on the	e shelf for retail.		Co	rrected
Received by	(name and	title j		Inspected by (name and title position of the Kymberlee)	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmond 1935 Owner	S AGA ent Addres MAIN	s (nu S	YES MEXICAN GRILL mber and street, city, state, zip code) Γ., FERDINAND, IN, 47532 AN AYALA	(8 (8 Pu	12-998-2033 12-899-1289 rpose:	Date of Ins (mm/dd/yr 03/18 Follow-u) /2022 p Releas	200 ae Date 28/2022
Owner's Ac		1 ^ 1	NT DRIVE, VINCENNES, IN, 47591		Follow-up	Summary	of Violation	18:
Person in C		101	TI DRIVE, VINCEINNES, IN, 47591	=	Complaint	2	NC_1	1 , 1
LAUR	A VA			=	Pre-Operational Temporary			
Responsible Person's E-mail					НАССР	Menu Typ	e (See addii	tional page)
Certified Fo			04/08/24	Other (list)	102	<u></u>	0_4 0_5	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
234	NC	R	Observed ice scoops being stored in dire	ect (contact with ice a	t drink	09/1	19/2022
			station right inside kitchen	and	d in ice bin.			
173	С		Observed chicken being stored above rea	ady	to eat foods in re	each-in	03/2	28/2022
			cooler on prep li	ine.				
204	С		Observed tortillas being stored on sam	e s	helf as weed kill	er and	03/2	28/2022
			pesticide in back stora	age	room.			
			·					
Received by	(name and	title j			ected by (name and title pr	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
					,			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo BIRD		E [DAIRY BARN	Telephone Number (812-389-2220)	Date of Ins (mm/dd/yr))	1D# 250
			mber and street, city, state, zip code) 5, Birdseye, IN, 47513	812-719-6687	03/10	12022	
Owner DERR	ICK 8	ßΕ	ELISSA CHANLEY	Purpose:	Follow-up		se Date 28/2022
	OLD S	TAT	TE RD 37, BRANCHVILLE, IN, 47514	Follow-up Complaint	-	of Violation	
	IIČK 8		ELISSA CHANLEY	Pre-Operational Temporary			2 _R 1
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			3/3/2025	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC	R	Observed scoops for candy piec	es without handles	5.	09/1	19/2022
346	NC		Observed no hand soap at hand wa	shing sink in front	room	09/1	19/2022
			beside drink stat	tion.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm WINE		LC	CHILL LLC	Telephone Number 812-536-2176	Date of Ins (mm/dd/yr) 03/23	j	1D# 254
			mber and street, city, state, zip code) IAN, HOLLAND, IN, 47541	⁽ 812-536-3731	03/23	/2022	
Owner RHON	IDA A	N[D JASON DIEKHOFF	Purpose: Routine	Follow-up		ne Date 02/2022
	W 102	25	S, HOLLAND, IN, 47541	Follow-up Complaint	Summary	of Violation	
	IDA A		D JASON DIEKHOFF	Pre-Operational Temporary	C	NC_	
Responsible Certified F			ıı	HACCP Other (list)	Menu Typ	e (See addi	tional page)
RHON	DA D	IEk	(HOFF exp 1/22/2025		1 2	<u></u>	4030
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MEDICAL FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUITAL".		D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
Section	Cirte					10 20 00	Treeted By
			No violations observed at tin	ne of inspection.			
			OK to operate	<u>~</u>			
			On to operate	<u> </u>			
	<u> </u>						
Received by	(name and	title p		Inspected by (name and title pr Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		
ı							



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Establishm GULF		\S	T CONNECTION/ABSeafood	Telephone Number (251-442-4899)	Date of Ins (mm/dd/yr 03/25)	1D# 338
			mber and street, city, state, zip code) RRY STREET, ELIZABETHTOWN, KY, 42701	⁽ 251 ⁻ 442-4899	03/23	/2022	
Owner BARR	Y CC)LL	 .IER	Purpose:	Follow-up No		e Date 04/2022
Owner's Ac 501 E		S	Γ., HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C BARR)LL	IER	Pre-Operational Temporary	c_ U	NC_	L RU
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			EDY 2024	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
257	NC		Observed no temperature measuring device	es in large holding con	tainers	09/2	26/2022
			with ice and fresh se	eafood.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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Establishm KIM'S	S KO			Telephone Number (812-684-8079	Date of Ins (mm/dd/yr 03/25)	356
			mber and street, city, state, zip code) 7, HUNTINGBURG, IN, 47542	⁽ 952-201-0075			
Owner Kim K	err			Purpose:	Follow-up		se Date 04/2022
Owner's Ac		W	, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	_
Person in C	Charge			Complaint Pre-Operational	c_0	NC_($\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$
Responsible				Temporary HACCP	Мепи Тур	e (See addi	tional page)
Certified Fo			exp. 2/21/2023	Other (list)	102	<u></u>)4050
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishm LAZE		00	D SERVICE INC.	Telephone Number 812-683-4200	Date of Ins (mm/dd/yr)	1D# 373
Establishm 4689	ent Addres S. 400	s (nu) V	mber and street, city, state, zip code) V., HUNTINGBURG, IN, 47542	(_ , \)Owner	03/25	/2022	
Owner LAZEI	R FO	OD	SERVICE, INC.	Purpose:	Follow-uj		ne Date 04/2022
Owner's Ac 1410 N		HIG	SAN ST., STORM LAKE, IA, 50588	Follow-up Complaint		of Violation	_
	R FO		SERVICE, INC.	Pre-Operational Temporary	c_1_	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			lum 06/12/2023	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	LITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
345	С		Observed hand washing sink by fryers be	ing used for other pu	rposes	04/0	04/2022
			other than hand wa	ashing.			
				<u> </u>			
			_				
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm TOM'		۷Δ۱	/ELING COFFEE TRUCK	Telephone Number () Establishment	Date of Inspe (mm/dd/yr)	ction	1D# 433
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	() Owner	03/10/2	2022	433
	<u>BELL</u>	RI	D., CHANDLER, IN, 47610		F. II	D.I.	P. /
Owner DERE	K & E	DE/	AN TAYLOR	Purpose: Routine	Follow-up No	Releas	20/2022
Owner's Ac		RΓ	D., CHANDLER, IN, 47610	Follow-up	Summary of	Violation	is:
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	$_{\rm NC}$ (
DERE Responsible			AN TAYLOR	Temporary	Menu Type	(Soo addit	tional naga)
Responsible	e rerson's	E-mai	ш	НАССР	Menu Type	see aaan	ionai page)
Certified Fo		er		Other (list)	102	<u>)</u> 3 <u>C</u>	<u>45</u>
• CRITICAL	L ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Na Violetiana abanyad at tir		T	o Be Co	rrected By
			No Violations observed at tir	ne or inspection			
			GERMAN AMERICAN	N EVENT			
Received by	(name and	title p	printed):	Inspected by (name and title p Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			ENS JASPER (MOBILE FOOD UNIT)	773-759-9827	03/08/	2022	467
			mber and street, city, state, zip code) UB RD, JASPER, IN, 47546	⁽ 773 ⁻ 759-9827			
Owner BARR	Y DU	NL	.OP	Purpose: Routine	Follow-up NO		ne Date 18/2022
Owner's Ac		<u> </u>	UD DD 140DED IN 175.10	Follow-up	Summary o	f Violation	18:
		CL	UB RD, JASPER, IN, 47546	Complaint		() (
Person in C BARR	YDU			Pre-Operational Temporary		NC	
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	100,0	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
BARR'			OP			<u></u>	<u> </u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Ok to operate	9			
Received by	(name and	title p	,	Inspected by (name and title p			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					_		
Establishm AMER		LE	GION POST 124 (FERDINAND)	Telephone Number 812-367-1241	Date of Ins (mm/dd/yr)	ID# 2
Establishm 425 M	ent Addres	ss (nu STF	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(10wner	04/27	/2022	
Owner MEME	BERS	0	F CLUB	Purpose:	Follow-uj		se Date 707/2022
Owner's Ac		STF	REET, FERDINAND, IN, 47532	Follow-up Complaint		of Violation	
Person in C Kariss		hle	der	Pre-Operational Temporary	c_1	NC_	$\frac{\mathbf{J}}{\mathbf{R}} \mathbf{U}$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For			exp 06/20/2024	Other (list)	102	<u>3</u>)4050
• CRITICAL	LITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
204	С		Observed water pooling in the bottom of re	each in beer coolers	behind	05/0	09/2022
			the bar.				
Received by	(name and	title		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Te	lephone Number	Date of In (mm/dd/y		ID#
			E BLISS	8)	12-482-1617	-	3/2022	32
Establishme 110 E	ent Addres 5th S	s (nui	mber and street, city, state, zip code) REET, JASPER, IN, 47546	(8	312-631-0190	04/10	0/2022	
Owner ANN k	(NIES	3			rpose: Routine	Follow-u No		se Date 28/2022
Owner's Ac		LA	NE, JASPER, IN, 47546		Follow-up Complaint	Summary	of Violation	ns:
Person in C		3			Pre-Operational	c <u>U</u>	NC_	<u> </u>
Responsible	e Person's	E-mai	il		Temporary HACCP	Menu Ty	pe (See addi	tional page)
Certified Fo			9/27/2026		Other (list)	1 2	<u></u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at time	ne d	of inspection.			
Received by	(name and	title p	printed):		rected by (name and title properties)	inted):		
Received by	(signature)):		Inspected by (signature):				
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme FERD		NC	D-TOWN SUNOCO #59	Telephone Number (812-367-2666	Date of Ins (mm/dd/yr)	ID# 40
Establishmo	ent Addres NAIN	s (nui ST	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(10wner	04/27	/2022	
		ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-up No		ne Date 07/2022
Owner's Ad 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge		SOCIATES INC/DBE TRIUMPH ENERG	Pre-Operational	c_0	NC_	$\frac{1}{R}$
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			9-11-2023	Other (list)	102	<u></u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	e of inspection.			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
received by	(nume und	uu j		Kymberlee	inicu).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	NAN[NTERSTATE SUNOCO #60	Telephone Number (812-367-1138	Date of Ins (mm/dd/yr		ID# 41
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 513 ⁻³ 67-9900			
		AS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-uj No		e Date 07/2022
	DRY I	- 0	RK RD, HARRISO, OH, 45030	Follow-up Complaint		of Violation	
Person in C Lorina	Hols			Pre-Operational Temporary		NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addit	ional page)
Certified Fo			ell 7-15-2025	Other (list) 	1 <u>0</u> 2	<u> </u>	<u>14050</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative Observed dented can on the	shalf for rotail			rrected By
177	C	R	Observed defined can on the Observed boxes of cups being stored on the		room)9/2022
177	O	1	Observed boxes of cups being stored on the	e noor in back storage	5 100111.	03/0	1312022
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
		,	•	Kymberlee 1	,		
Received by	(signature):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		\bigcirc		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
	•		RTHSIDE mber and street, city, state, zip code)	812-482-6363	04/08/	2022	45
			N STREET, JASPER, IN, 47546	⁽ 812-631-0620			
Owner JAYM	E RA	SC	HE	Purpose:	Follow-up No		e Date 18/2022
Owner's Ad				Follow-up	Summary o	f Violation	ns:
		ot (Ct., HUNTINGBURG, IN, 475442	Complaint	1	(1
Person in C		/E/	Diana Kleeman	Pre-Operational Temporary	C	NC_	P R U
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3	$_{4}\bigcirc_{5}\bigcirc$
Diana	Kleen	nan	exp 10/12/2021				
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	rrected By
177	С		Observed boxes being stored on the	floor in walk-in fre	ezer.	04/1	8/2022
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	FOR		NN FERDINAND	Telephone Number (812-998-2121	Date of Ins (mm/dd/yr)	ID# 47
			mber and street, city, state, zip code) LS COURT, FERDINAND, IN, 47542	⁽ 812-998-2121			
		ГΜ	ENTS LLC	Purpose: Routine	Follow-up No		e Date 07/2022
Owner's Ac 3479 LAW		ILLE	SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024	Follow-up	Summary	of Violation	
Person in C		nia	1	Complaint Pre-Operational	c_0	$_{\rm NC}$	$\frac{0}{\mathbf{R}}$
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo		er		Other (list)	102	<u></u>	04050
• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title	· /	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	PHAI		MACY #6878 (JASPER)	Telephone Number (812-482-3300	Date of Ins (mm/dd/yr		1D# 50
			mber and street, city, state, zip code) H STREET, JASPER, IN, 47546	(40) Owner 0 - 00 4	I U I /IU	12022	
		IPE	ERX, LLC.	Purpose: Routine	Follow-up No		se Date 28/2022
Owner's Ad		- 1/1/	AIL CODE #1160, WOONSOCKET, RI, 02895	Follow-up	Summary	of Violation	ns:
Person in C			#E 00DE #1100, WOONOOKE 1, 1KI, 02000	Complaint	1.1) [1
Trinity				Pre-Operational Temporary	<u> </u>	NC	K
Responsible	Person's l	E-mai	il	HACCP	Menu Typ	ie (See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	10^{2}	\odot_3	$)_4$ \bigcirc_5 \bigcirc
Exemp	ot						
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	. ,	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	ID IN THE N		
Section#	C/NC	R	Narrative	 			orrected By
295	С	R	Observed buildup of mold on coo	oler racks and wall	S.	04/2	28/2022
Received by	(name and	title r	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Insp (mm/dd/yr)		ID#
FLEI	G'SC	A	FE	812-367-1310	04/27		77
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 812-630-7723		2022	
Owner	DT 14			Purpose:	Follow-up		se Date
ROBE		<u>. </u>	IEN	✓ Routine	No	05/	07/2022
Owner's Ad			EEDDINIAND IN 47522	Follow-up	Summary	of Violation	ns:
Person in C		_,	FERDINAND, IN, 47532	Complaint	\cap	NC_	1
Kevin				Pre-Operational	C	NC	R
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		~ ~	
Certified Fo				Other (list)	$1 \bigcirc 2$	<u>_</u> 3 <u>_</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
Karen	Ketzn	er	exp 12/7/2026				
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
310	NC	R	Observed buildup of excess dust/dirt/del	bris on exhaust fan	behind	10/2	27/2022
			fryers and gril	l.			
			, J				
					Ţ		
Received by	(name and	title	· /	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		\cap	RDER OF EAGLES AERIE #3335	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	(812-683-3335		/2022	78
			EET, HUNTINGBURG, IN, 47542	⁽ 812-683-3335			
Owner FRATE	RNAL	OR	DER OF EAGLES #3335 MEMBERS	Purpose: Routine	Follow-uj		se Date 09/2022
Owner's Ac				Follow-up	Summary	of Violation	
P.O. E	<u>30X 1</u>	68	s, HUNTINGBURG, IN, 47542	Complaint			
Person in C		BE	ELCHER	Pre-Operational	c <u>U</u>	NC_	l _R U
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
						\bigcirc_3	
Certified For Heathe			er exp. 3/15/2026	Other (list)	1 2		<u>/4</u> <u>/</u> 5 <u></u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
232	NC		Observed mold/dirt from excess v	vater on ice machi	ne	10/3	31/2022
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm HAPP)UI	R SPORTS BAR AND GRILL	Telephone Number (812-481-2400)	Date of Ins (mm/dd/yr		ID# 87
Establishm 6679	ent Addres EST.	s (nu RE	mber and street, city, state, zip code) D. 164, CELESTINE, IN, 47521	⁽ 812-639-8753	04/00	/2022	
Owner JERE	MY B	ΕT	Z	Purpose: Routine	Follow-uj		e Date 16/2022
Owner's Ac		EF	R LAKE RD., JASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C		ET	Z	Pre-Operational	c	NC_	$\frac{2}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified For Ethan			xp. 01/26/2024	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	С	R	Observed boxes being stored on the f	loor and chicken te	enders	04/1	8/2022
			uncovered in walk-in	cooler.			
404	NC	R	Observed floor grate leading into walk-in	n cooler not secured	down	10/0	06/2022
			to floor.				
204	С	R	Observed significant ice build up on floor in	n walk-in freezer und	er fans	04/1	8/2022
			and shelving.				
342	NC		Observed handwashing sink in kitcher		aching		
			58.5 degrees				
			**Manager did just restart hot wa		**		
			,				
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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	VEST		AFÉ & MARKET		Telephone Number (812-482-5115	Date of Ins (mm/dd/yr)	j	1D# 142
Establishm 1102 N	ent Addres VEWT	os (nu 01	nber and street, city, state, zip code) N STREET, JASPE	R, IN, 47546	⁽ 812-630-3325	04/00	72022	
Owner ROLA	NDA	G/	BHART		Purpose: Routine	Follow-up No		e Date 18/2022
	JUST	IN	STREET, JASPER	R, IN, 47546	Follow-up Complaint	Summary	of Violation	
	CAS		DY-GABHART		Pre-Operational Temporary	C	NC_(
Responsible			l	HACCP Other (list)	Menu Typ	e (See addii	ional page)	
Certified For CORE			TZ EXP 3/15/2026			12	<u> </u>	<u> </u>
• CRITICAI	L ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND N	ARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS AR	E DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				rrected By
177	С		Observed boxes beir	ng stored on the	e floor in storage re	oom.	04/1	8/2022
Received by	(name and	title p	orinted):		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:			cc:			cc:		



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Establishmo		R	AND GRILL	Telephone Number	Date of Insp (mm/dd/yr)	ection	1D# 151
			mber and street, city, state, zip code)	(812 ⁻ 367-1250	04/27/	2022	131
			REET, FERDINAND, IN, 47532	⁽ 812-661-2636			
Owner	VI LI	\sim	NDED.	Purpose:	Follow-up		e Date
Owner's Ac		$\frac{\mathcal{C}}{\mathcal{C}}$	PER	Routine	No		07/2022
		JRI	STREET, FERDINAND, IN, 47532	Follow-up	Summary		
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
CHER				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	: (See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$O_4 O_5 O_5$
JOHNI	NY M	<u> 184</u>	MELO EXP 8/8/21		<u> </u>	<u> </u>	<u></u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo OHA!		A۱	WAIIAN GRILL		phone Number 2-482-1788	Date of Insp (mm/dd/yr))	тр# 152
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(6.4	2-679-9003	04/27	/2022	
Owner CHUN				Purp	oose: outine	Follow-up		e Date 07/2022
Owner's Address 450 S COUNTRY CROSSING, JASPER, IN, 47546					ollow-up	Summary	of Violation	ıs:
Person in C		111	1 CKOSSING, SASI EK, IN, 47540	— —	omplaint	_c 2	NC 2	$\frac{2}{R}$
CHUN					re-Operational emporary			
Responsible	e Person's	E-ma	il		ACCP	Menu Typ	e (See addit	tional page)
Certified Fo			exp. 1/19/2027		ther (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKEI	D "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY	Y OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
232	NC		Observed mold on the sides of ice machi	ine in	kitchen by back	door.	10/2	27/2022
199	NC	R	Observed shrimp thawing in sink improperly	ly with	nout running cold	water.	10/27/2022	
187	С	R	Observed high cold holding temperatures ((~55F) of foods on pre	ep line.	05/0	9/2022
			*Recommended putting containers dire	ectly i	n cold holding s	station		
			instead of inside of and	other	r pan*			
345	С		Observed handwashing sink in kitche	en to	have a broken	pipe.	05/0	9/2022
			Will call facility to follow-up on repair	r of h	nand sink in 1 v	week		
Received by	Received by (name and title printed):				ted by (name and title pr	inted):		
Received by	Received by (signature):				ted by (signature):			
cc:			cc:			cc:		



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							•
Establishm SUBV		<i>‡</i> 27	776 -Sharma Inc. (@ 26th St.)	Telephone Number (812-482-4422)	Date of Ins (mm/dd/yr)	j	10# 185
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(0.4.)Owner 4 00-0	04/08	/2022	
Owner RINA	AND F	PR	AVEZ SHARMA- SHARMA INC.	Purpose:	Follow-up		ne Date 18/2022
Owner's Ac 3289		HΑ	ARLES, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in C		PR	AVEZ SHARMA- SHARMA INC.	Pre-Operational Temporary	c O	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Foundation 1/20/2		er		Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAI	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				-			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted).		
	,iv unu			Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	NDA		RESTAURANT	Telephone Number 812-634-7861	Date of Ins (mm/dd/yr		1D# 199	
Establishmond 1338	ent Addres VEWT	os (nu	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546					
Owner ADRIA	M NA	IR <i>A</i>	AANDA / Juan A. Miranda	Purpose: Routine	Follow-up Yes		e Date 02/2022	
	7TH S	STR	EET, APT 16, JASPER, IN, 47546	Follow-up Complaint	•	of Violation		
Person in C JUAN	MIRA			Pre-Operational Temporary			3 _R 2	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	ne (See addi	tional page)	
Certified Fo			elgado exp 1/23/2025	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>	
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
144	С		Observed severely dented can o	n the shelf for reta	il.	Co	rrected	
192	С		Observed several expired meats	on the shelf for reta	ail.	05/02/2022		
177	С	R	Observed food in cooler being stored in	n unapproved pack	aging.	05/02/2022		
173	С	R	Observed raw meat and fish being stored	d above ready to ear	foods	05/0)2/2022	
			in walk-in coole	er.				
433	NC		Observed mops not being	hung to dry.		10/24/2022		
346	NC		Observed no hand soap at either		ık.	10/24/2022		
347	NC		Observed no hand towels at eithe			10/2	24/2022	
204	С		Observed reach in cooler in back prep area)2/2022	
			product and pooling on bottom shelf.					
			temperature.		•			
			ρ					
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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YAMA				Telephone Number (812-556-0500)	Date of Ins (mm/dd/yr		то# 215		
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	⁽ 706-680-5719	04/27	12022			
Owner DAVIE	DOI C	٧G		Purpose: Routine	Follow-uj		ne Date 07/2022		
Owner's Ac 3015		ГО	N ST, JASPER, IN, 47546	Follow-up Complaint	-	of Violation			
Person in C	harge			Pre-Operational	c_1	NC_	$\frac{1}{2}$ R $\frac{3}{2}$		
Responsible				Temporary HACCP	Мепи Тур	oe (See addi	tional page)		
Certified Fo		er		Other (list)	102	<u></u>)4050		
• CRITICAL	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
216	NC	R	Observed cardboard lining shelves	in the kitchen by s	tove.	10/2	27/2022		
346	NC		Observed hand soap dispenser not	t working at hand s	sink.	Corrected			
234	NC	R	Observed scoops without handles in su	gar container and c	hicken	10/2	27/2022		
			in walk-in coole	er.					
232	NC		Observed mold buildup on pla	te in ice machine.		10/2	27/2022		
173	С	R	Observed vegetables being stored on top o	of raw meat in walk-in	cooler.	. Corrected			
256	NC		Observed no temperature measuring device	e in refrigerator behin	d sushi	10/2	27/2022		
			bar.						
411	NC		Observed lighting to be too dir	m in kitchen area.		10/2	27/2022		
			5 5						
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):				
Received by	(signature)):		Inspected by (signature):					
cc:			cc:		cc:				



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Establishm				Telephone Number	Date of Inspo (mm/dd/yr)	ection	ID#
Swee	et - D	- L	icious Kettle Corn	812-789-3124	04/30/2	2022	289
			mber and street, city, state, zip code)	812-789-3124	07/30/	2022	
	E. Sta	<u>ite</u>	Road 64, Winslow, IN, 47598				
Owner Kelly I	Mabre	θV		Purpose:	Follow-up NO		se Date 110/2022
Owner's Ac				Follow-up	Summary of	f Violation	ns.
2700 l	E. Sta	ate	Road 64, Winslow, IN, 47598	Complaint		_	_
Person in C	_			Pre-Operational		NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
Kelly I				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
				Other (list)	$I \cap C$		
Certified Fe kelly 2					$1 \bigcirc 2 \bigcirc$	<u>3</u>	<u>/405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
	0,11,0		No Violations observed at tir	me of inspection			
			The violations absolved at the	no or mopoditori			
Received by	(name and	title p		Inspected by (name and title p			
				Christina Pie	ווווד		
Received by	(signature)):		Inspected by (signature):			
			_				
cc:			cc:		cc:		
ĺ							



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 6977 S Owner Jackie Owner's Ac	y Mo ent Addres S. Sto White	one e	Nosh Wagon mber and street, city, state, zip code) Rd, Bloomfield, IN, 47424	Telephone Number (812-381-0029 (812-381-0029 Purpose: Routine Follow-up	Follow-uj	7) 1/2022 p Releas	10/2022
Person in C Jackie Responsible	harge Whit	e	Rd, Bloomfield, IN, 47424	Complaint Pre-Operational Temporary HACCP	C_O	NC	P R O
Certified For Jackie			0/2025	Other (list)	1 2	<u></u>) ₄ <u>0</u> 5 <u>0</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
5000001111	Circo		No Violations observed at tir	me of inspection		102000	Treeted Dj
			The Viciations asserved at the	no or mopoditori			
Received by	(name and	title p	,	Inspected by (name and title processing Pierring Pierring)			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ection	ID#
			CH BISTRO	(812-998-2490	(mm/dd/yr) 04/27/2	2022	307
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 812-630-3986	0 1/21/1	-022	
Owner TAMN	1Y BE	DO	DLLA	Purpose: Routine	Follow-up No		e Date 07/2022
Owner's Ad		СТ	REET, FERDINAND, IN, 47532	Follow-up	Summary of	Violation	ns:
Person in C		<u> </u>	ICET, LENDINAND, IN, 47552	Complaint	. ()	() _ ()
TAMM		DO	DLLA	Pre-Operational	C	NC_	R C
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0	$)_3$	0.0
			LLA exp. 7/5/2023		1 <u>0</u> 2 <u>0</u>	<u></u>	4 <u>03</u> 0
			CATIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No violations observed at time	ne of inspection.			
				· · · · · · · · · · · · · · · · · · ·			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	DON		BARN	Telephone Number (812-899-2299	Date of Ins (mm/dd/yr) 04/07		то# 337
Establishm 1630 V	ent Addres N 62N	ss (nu ID	mber and street, city, state, zip code) Ave, MERRILLVILLE, IN, 46410	(a.)Owner	0-1/07		
Owner COLL	EEN	BIF	RD	Purpose: Routine	Follow-up		e Date 17/2022
	N 62N	ID.	Ave, MERRILLVILLE, IN, 46410	Follow-up Complaint	Summary	of Violation	
Person in C	EÉN			Pre-Operational Temporary	<u>c_U</u>	NC_(
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Fo			D 9-25-2022 15583144		1 <u></u> 2	<u>3</u> C	<u> </u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Insp	ection	ID#
			MOKEHOUSE	(812-630-5638	(mm/dd/yr) 04/30/2	2022	387
			mber and street, city, state, zip code) HONY RD. W., HUNTINGBURG, IN, 47542	⁽ 812 ⁻ 630-5638	04/30//	2022	
Owner	LIOIZ			Purpose:	Follow-up		se Date
TIM F				✓ Routine	No		10/2022
Owner's Ac 2690 S. S		TNA	HONY RD. W., HUNTINGBURG, IN, 47542	Follow-up	Summary o		
Person in C				Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_() , ()
TIM F	LICK			Temporary		NC	_ K
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	1(),($)_3$)4()5()
tim flic			2		1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
cc:			cc.		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		ر ۱	ITAL DIZZA	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			ITAL PIZZA	812-309-4550	04/30/2	2022	421
			mber and street, city, state, zip code) JASPER, IN, 47546	() Owner			
Owner KYLE	& JA	MII	E JAHN	Purpose:	Follow-up No		e Date 10/2022
Owner's Ad				Follow-up	Summary of	Violation	ns:
N/A, N		۷, ۷	17546	Complaint	_ `	_	_
Person in C		MII	E JAHN	Pre-Operational	c_ U _	NC_(J _R U
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP	\sim		
Certified Fo			26	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>©</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	rrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

							_
	ds H		oitality of Huntingburg LLC	Telephone Number (812-684-9494	Date of Ins (mm/dd/yr 04/29)	1D# 451
			mber and street, city, state, zip code) reet, Huntingburg, IN, 47542	⁽ 812-684-9494	04/23	72022	
Owner Manis	h Mal	ho	tra	Purpose:	Follow-up		ne Date 09/2022
Owner's Ac 8366		Dı	r, Newburgh, IN, 47650	Follow-up Complaint	_	of Violation	_
Person in C Christ	_	ae	fer	Pre-Operational Temporary	_c _1	NC_(J _R U
Responsible	e Person's	E-mai	ii 	НАССР	Menu Typ	e (See addi	tional page)
Certified Formichel			n 4-28-2025	Other (list) 	1 2	<u>3</u>	<u>1405</u>
• CRITICAI	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
204	С		Observed employee drink sitting	g on prep line table) <u>.</u>	Co	rrected
-			, , , , , , , , , , , , , , , , , , , ,	<u> </u>			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		$\overline{}$		Telephone Number	Date of Insp (mm/dd/yr)		ID#
Archie				812-361-2937	04/22/		449
			mber and street, city, state, zip code) st., Jasper, IN, 47546	⁽ 812-361-2937	0 1/22/	LULL	
Owner	. A r.	دا ما		Purpose:	Follow-up		e Date
Charle Owner's Ac		nie		Routine	No		02/2022
		ivik	sion rd., Jasper, IN, 47546	Follow-up	Summary	of Violation	is:
Person in C		<i>3</i> V	31011 Td., 0d3pc1, 111, 47 040	Complaint	. 0	$_{\rm NC}$) [
Charle		hie	9	Pre-Operational	C	NC_	R
Responsible	e Person's	E-mai	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For Charle			exp. 2026	Other (list)	1 2		<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
					+		
					+		
Received by	(nama an l	title :	printed).	Inspected by (name and title p	rinted):		
Received by	(name and	e p		Kymberlee	inicu).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme THE		HE	N/MADIS MAIN SQUEEZE	Telephone Number (812-993-4100	Date of Ins (mm/dd/yr)	1D# 455
Establishm	ent Addres	ss (nu TO	mber and street, city, state, zip code) N ST, JASPER, IN, 47542	⁽ 812-993-4100	04/30	/2022	
Owner RYAN	1 & M	٩D	ISON NIEDERBERGER	Purpose:	Follow-up		se Date 10/2022
Owner's Ac 1611		ΓΟ	N ST, JASPER, IN, 47542	Follow-up Complaint	Summary	of Violation	_
	1 & M		ISON NIEDERBERGER	Pre-Operational Temporary	c_ U _	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			DERBERGER 3-2026	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			
n · · · ·	,			Y	• . •		
Received by	(name and	title j		Inspected by (name and title processing Pierring Pierring)			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo APPL		E';	 S	Telephone Number (812-481-2838	Date of Ins (mm/dd/yr)	ID# 6
			mber and street, city, state, zip code) EIM ROAD, JASPER, IN, 47546	(0.4)Owner_ 4000	05/20	/2022	-
Owner APPLI	E CEI	NT	RAL, LLC	Purpose:	Follow-up No		e Date 30/2022
Owner's Ac		780	732, WICHITA, KS, 67278	Follow-up	Summary	of Violation	_
Person in C Ronal	harge		, - , - , - , - , - , - , - , - , -	Complaint Pre-Operational	c_1	NC_	$\frac{1}{R}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			exp. 8/26/2026	Other (list)	102	<u></u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE N							BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
204	С	R	Observed walk-in freezer having large amo	ount of ice buildup on	ceiling,	05/3	30/2022
			walls and racks, contaminating boxe	es product on top s	shelf.		
218	NC	R	Observed walk-in cooler doors gaskets to	not be properly seali	ng and	11/2	21/2022
			in need of being rep	olaced.			
			<u> </u>				
Received by	(name and	title		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	'S#	s (nu	92 mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	Telephone Number (812-482-7111 (678-514-4100	Date of Ins (mm/dd/yr 05/23		ID# 7
Owner RTM (OPER	RA7	ΓING COMPANY,LLC	Purpose:	Follow-uj		e Date 02/2022
Owner's Ad		PA	ARKWAY NE, ATLANTA, GA, 30328	Follow-up Complaint	-	of Violation	
Person in C Jonath		rur	nes	Pre-Operational	c_1	NC_	R
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addit	ional page)
Certified Fo			/EY 10/7/2022	Other (list)	102	<u></u>	<u>4</u> _5
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	06/0	2/2022
430	NC		Observed several broken/missing tiles in	nside walk-in freeze	r door,	11/2	23/2022
			causing ice buildup inside and water pool	ling outside of freeze	r door.		
Received by	(name and	title j	,	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm AZUF		ES	TAURANT SYSTEMS, INC.	Telephone Number (812-634-2211	Date of Ins (mm/dd/yr	·)	ID# 9
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)	812-661-7397	05/27	7/2022	
	RD A	<u>VE</u>	NUE, JASPER, IN, 47546				
Owner NICK	HOS	TE	TTER	Purpose: Routine	Follow-u		se Date // 06/2022
Owner's A			NUIE 1400ED IN 47540	Follow-up	Summary	of Violation	ns:
		۷E	NUE, JASPER, IN, 47546	Complaint	1		1_{R}
Person in C		TE	TTER	Pre-Operational	C	NC	R
Responsible				Temporary HACCP	Menu Tyj	oe (See addi	tional page)
C de la	177 11			Other (list)		\bigcirc .	\bigcirc
Certified F			TER 9/11/2023		1 <u>0</u> 2	<u> </u>	<u>/4</u> 5 <u> </u>
• CRITICAL	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO		ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
296	С	R	Observed buildup of mold/dirt/debris on		e thru	06/0	06/2022
			window from excess i	moisture.			
431	NC	R	Observed ice buildup on fan i	n walk-in freezer.		11/2	28/2022
Received by	y (name and	l title	printed):	Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm BARN		RD	BAR-B-Q CATERING LLC.	Telephone Number (812-634-2638)	Date of Ins (mm/dd/yr)		ID# 11
			mber and street, city, state, zip code) I, JASPER, IN, 47546	⁽ 812-634-2638	05/12	/2022	
Owner			LORETTA HOFFMAN	Purpose:	Follow-up		se Date 22/2022
Owner's Ac 6720) N	I, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	NYAI		LORETTA HOFFMAN	Pre-Operational Temporary	c_ U _	NC	
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified For Loretta			n exp 11/20/2023		1 <u></u> 2	<u>3</u> C	<u> </u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title p	printed):	Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):	· · · · · ·		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme	GER ent Addres	s (nu	NG #1002 mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	Telephone Number (812-634-9669 (315-424-0513	Date of In (mm/dd/yr 05/16		1D# 23
Owner CARR				Purpose:	Follow-u No		e Date 26/2022
	MES	ST	REET, SYRACUSE, NY, 13203	Follow-up Complaint	-	of Violation	
Person in C		IAF	RS D.M.	Pre-Operational Temporary	c_1	NC	RI
Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe (See addii	ional page)
Certified Fo			OND 10/29/2024	Other (list)	1 2	<u></u>	<u>4</u> 050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				rrected By
177	С	R	Observed boxes being stored on the floo		er and	05/2	26/2022
400	NO		bags of flour on the floor in			4 4 /4	0/0000
409	NC		Observed a missing ceiling tile	above back door.		11/1	6/2022
				_			
Received by	`			Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	A GA	s (nu	DEN mber and street, city, state, zip code) RK ROAD, SUITE B, FERDINAND, IN, 47532	Telephone Number (812-367-8200 (718-909-3092	Date of Ins (mm/dd/yr 05/18		то# 29	
Owner YAN F	HONG	βZ	HANG (LYNN) DR. N, SANTA CLAUS, IN, 47549	Purpose: Routine Follow-up	•	05/ of Violation		
Person in C Hui Li Responsible	charge e Person's	E-ma		Complaint Pre-Operational Temporary HACCP Other (list)		NC	ional page)	
Yan H	ong Z	har	ng exp. 2/25/2021 Entified in the checklist and narrative columns m		102	<u></u>	<u>/4_3_</u>	
• VIOLATIO	N(S) REPE		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N			
Section#	C/NC	R	Narrative				orrected By	
216	NC	R	Observed cardboard lining the sh	elves in refrigerate	or.	11/18/2022		
346	NC		Observed no hand soap at ha	nd washing sink.		11/18/2022		
344	С	R	Observed availability of hand sink to be	obstructed by cooling	g rack.	05/3	30/2022	
146	NC	R	Observed food in freezers and refrigerator	being stored in unap	proved	11/1	8/2022	
			food storage bags and r	not labeled.				
173	С	R	Observed raw meat being stored above ve		reezer.	Corrected		
234	NC	R	Observed scoops without handles	•		11/18/2022		
418	NC		Observed employee drink being stored				rrected	
							_	
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by (signature):				Inspected by (signature):				
cc:			cc:		cc:			



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Establishm DOLL		GE	NERAL STORE #7817	Telephone Number (812-610-9972)	Date of Ins (mm/dd/yr)		ID# 59
			mber and street, city, state, zip code) FERDINAND, IN, 47532	(615-855-4000	05/24	/2022	
Owner DOLG	ENC	OR	RP, LLC.	Purpose:	Follow-up		se Date 03/2022
Owner's Ad		RII	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint		of Violation	_
Person in C				Pre-Operational	$_{\rm c}$	NC ($\int_{\mathbb{R}} U$
tammy				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
				•			
Received by	(name and	title p		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmed 1804 r Owner TATIA Owner's Ad	NCC ent Addres n mail NA Z ddress face s Charge	es (nu n s EL et, l	HUNTINGBURG, IN, 47542 AYA	Telephone Number (812-684-8087 (812-661-2409) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-up NO Summary	P Releas 05/2 of Violation NC_	20/2022 as: 2 R 1 ational page)
Certified For has 6 I			o get	Other (list)	1 <u>0</u> 2	<u></u>	<u>1405</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
297	NC		Chest refrigerator and deli case fridge have	•	ausing	11/1	4/2022
			mold to form				
146	NC	R	Several bags of meat with no inform	nation of where its	from	11/1	14/2022
			or what it is				
						ı	
						<u></u>	
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
received by	(name and	une j		Christina Pie	/		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		_		Telephone Number	Date of Insp	ection	ID#
			I STOP INN, INC.	812-683-4220	(mm/dd/yr) 05/10/	2022	73
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-661-0220	00/10/	2022	
Owner WAYN	IE FE	HF	RIBACH	Purpose:	Follow-up No		se Date 20/2022
Owner's Ad		21.16	LDOAD HUNTINGDUDG IN 47542	Follow-up	Summary o	f Violation	ns:
980 S L Person in C		KUI	N ROAD, HUNTINGBURG, IN, 47542	Complaint	\mathbf{O}	() ()
		HF	RIBACH	Pre-Operational	c	NC_	- R
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
C (C IE	177 11			Other (list)	.0.0	\bigcirc_3	\bigcirc
Certified Fo			o. 11/14/2022		1 <u>0</u> 2	<u>3</u> C	<u>/405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
		- 1		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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					_		
Establishme HOM		ΕΑ	D PIZZA LLC	Telephone Number 812-367-1808	Date of Ins (mm/dd/yr 05/18)	ID# 97
Establishmo	ent Addres NAIN	ss (nu ST	mber and street, city, state, zip code) 'REET, FERDINAND, IN, 47532	⁽ 812-631-2034	05/16	12022	
Owner RICHA	٩RD١	WE	ELP	Purpose: Routine	Follow-up		se Date 28/2022
	MAIN	ST	REET, FERDINAND, IN, 47532	Follow-up Complaint	-	of Violation	
Person in C		WE	ELP	Pre-Operational Temporary			$\frac{2}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Richar			exp. 9/11/23	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC		Observed scoops without handles	s in pizza prep tab	le.	11/	18/2022
426	NC	R	Observed several personal items not bein	ng used for the facility	/ being	11/	18/2022
			stored in the back store	age room.			
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm KALE		RC	SSROADS SERV	ICE	Telephone Number (812-678-5358)	тр# 119		
Establishm	ent Addres	ss (nu	nber and street, city, state, zip code) 56, DUBOIS, IN, 475		812-678-5358	03/23/	2022	
Owner			GERALD KALB		Purpose:	Follow-up		se Date 04/2022
Owner's A	ddress		56, DUBOIS, IN, 475	27	Follow-up Complaint	Summary o		
Person in C		١N	O MORRIS KALB		Pre-Operational Temporary	c	NC_	$\frac{1}{R}$
Responsible			il		НАССР	Menu Type	(See addi	tional page)
Certified F			KP 6/26/2023		Other (list)	12_	<u>J</u> 3 <u>C</u>	<u> </u>
• CRITICAI	L ITEMS AF	RE IDI	NTIFIED IN THE CHECKLIST AND NARR	RATIVE COLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DE	ENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
			Observed no vid	lations at tir	ne of inspection.			
Received by	(name and	l title j	orinted):		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):			Inspected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 6762 E Owner JEFF Owner's Ac	EY'S ent Addres . STA KELL ddress STAT Charge KELL	EY EY EY	ROAD 545, CELESTINE, IN, 47521	Telephone Number (812-634-1323) (812-630-2831) Purpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u No Summary	6/2022 p Releas	<u>0</u>
Certified Fo	ood Handle	er	EXP 7/24/23	HACCP Other (list)	1 2	<u></u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
177	С		Observed boxes being stored on the		ezer.		16/2022
438	С		Observed spray bottles with cle			05/1	16/2022
234	NC		Observed scoops without handles	in the flour contair	ner.	Coi	rrected
Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
	(Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	G JO ent Addres	s (nu	N SILVER'S #70196 mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	Telephone Number (812-482-2132) (502-815-6114)	Date of Ins (mm/dd/yr 05/20		1D# 128
Owner			NE LLC	Purpose:	Follow-up		te Date 30/2022
	OOP	ER	ST., BABYLON, NY, 11749	Follow-up Complaint	-	of Violation	2 _R 1
Person in C David	Chap			Pre-Operational Temporary			
Responsible			il		Menu Typ	oe (See addi	tional page)
Certified For Vicky I			кр. 2/23/2021	Other (list) 	1 <u>U</u> 2	<u>3</u>	<u>/4</u> <u>/</u> 5 <u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M O FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE N	ADD ATIVE	DELOW AC "D"
				WINIART OF VIOLATIONS AN	DIN THE N		
Section#	C/NC NC	R R	Narrative Observed tiles in front of fryers broken a	and missing, causing	water		orrected By 21/2022
402	INC	1	and oil to pool on th		water	1 1/2	- 1/2022
347	NC		Observed no hand towels at hand washing		use hv	11/2	21/2022
J+1	110		fryers.	ing sink in none of no	usc by	1 1/2	- 1/2022
			niyers.				
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)) :		Inspected by (signature):			
cc:			cc:		cc:		



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			•	•			
Establishme LOS E		/O	S MEXICAN RESTAURANT	Telephone Number (812-482-7564	Date of Ins (mm/dd/yr		1D# 129
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(0.4)Owner 0.4 = 4	05/23	12022	
Owner ANA E	BRAV	0		Purpose: Routine	Follow-up No		te Date 02/2022
Owner's Ac			LLDD NEWBUROU IN 47000	Follow-up	Summary	of Violation	ns:
		NAI	H DR., NEWBURGH, IN, 47630	Complaint	2	$_{ m NC}$ \angle	1 1
Person in Co		a Jr		Pre-Operational	C	. NC	<u>r</u> R
Responsible				Temporary	Menu Typ	pe <i>(See addii</i>	tional page)
G :101 17	1 77 11			HACCP Other (list)).().()
Certified For FREDI			5/20/24		1 2	<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
218	NC	R	Observed broken gasket on double door co	oler on prep line and	broken	11/2	23/2022
			door on freezer on p	rep line.			
177	С	R	Observed boxes being stored on the floor in	n walk-in freezer and	cooler.	06/0	02/2022
351	NC	R	Observed receptacles in women's ba	athroom not having	g lids.	11/2	23/2022
438	С		Observed spray bottles with cleane	er not properly labe	led.	06/0	02/2022
347	NC		Observed paper towel dispenser in kitcl	hen to not be workir	ng and	11/2	23/2022
			no paper towels by handwashir	ng sink in bar area		1	
342	NC	R	Observed handwashing sink in bar area	to not have any hot	water.	11/2	23/2022
						·	
						1	
						·	
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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Establishm McD(_D	'S #5349 (Jasper South)		S12-482-7778	Date of Ins (mm/dd/yr		138
Establishm 450 H	ent Addres WY 2	is (nu :31	mber and street, city, state, zip code) S, JASPER, IN, 47546	(2	270-566-1749	03/10	12022	
		RIC	CK MANN	_	rpose: Routine	Follow-uj No		se Date 28/2022
	3OX 7	' 10), JASPER, IN, 47546		Follow-up Complaint	Summary	of Violation	
Person in C Zach I					Pre-Operational Temporary	C	NC_	
Responsible	e Person's	E-ma	il	F	НАССР	Menu Typ	e (See addi	tional page)
Certified Foundation					Other (list)	102	<u></u>	0_4 0_5
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARI	KED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	U MM A	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
177	С		Observed boxes of happy meal boxes	bein	g stored on the fl	oor by	05/3	30/2022
			drive thru wind	low.				
418	NC		Observed employee food being store	d or	shelf in walk-in	cooler	11/1	18/2022
			with foods for use in retail	est	ablishment.			
Received by	(name and	title 1	printed):	_	pected by (name and title pr	rinted):		
Received by	(signature):		_	pected by (signature):			
cc:			cc:	<u> </u>		cc:		



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			·	-			
Establishm HOM		ΞΑ	D BBQ	Telephone Number (812-998-2100	Date of Insp (mm/dd/yr) 05/16/		ть# 161
			mber and street, city, state, zip code) T, FERDINAND, IN, 47532	⁽ 574-377-8183	05/16/	2022	
Owner BRAN	IDON	W	HITIS	Purpose:	Follow-up No		se Date 26/2022
	dar cr	est	ct, jasper, IN, 47546	Follow-up Complaint	Summary	_	
Person in C BRAN	IDÓN			Pre-Operational Temporary	<u>c_U</u>	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addi	tional page)
Certified For BRAN			HITIS exp. 2/23/21	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	. ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
-							
					+		
Received by	(name and	title p	orinted):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	ent Name			Telephone Number	Date of Ins		ID#
RON'	S PL	Α(CE	⁽ 812-683-9412	(mm/dd/yr)		167
			mber and street, city, state, zip code)		05/20	/2022	
			N STREET, HUNTINGBURG, IN, 47542	812-639-3548			
Owner				Purpose:	Follow-up		
BOB E	BUEC	HL	_EIN	✓ Routine	No	05/	30/2022
Owner's A		_		Follow-up	Summary	of Violation	ns:
		_ C	IRCLE E, SANTA CLAUS, IN, 47579	Complaint	\mathbf{O}	4	1
Person in C		. 1 11	FINI	Pre-Operational	$_{ m C}$ U	NC_	l _R I
BOB E				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified F	ood Handle) No.		Other (list)	100	\bigcirc_{2}),(),()
			exp. 08/21/2023		1 2	<u>3</u>	<u> 4030</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	LADVED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA		
Section#	C/NC	R	Narrative				orrected By
218	NC	R	Lid on the ice machine is o	coming apart		11/2	21/2022
Received by	(name and	title		Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		C.A	ATERING	Telephone Number (812-634-1018	Date of Insp (mm/dd/yr)		169
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)		05/18/	2022	100
1137	<u>S. CL</u>	<u> </u>	ST., JASPER, IN, 47546	812-309-3269			
Owner ALEX	ZEHI	₹		Purpose: Routine	Follow-up NO		e Date 28/2022
Owner's Ad		۸ ۷	CT	Follow-up	Summary o	f Violatior	is:
Person in C		ΑY	ST., JASPER, IN, 47546	Complaint	1	$_{\rm NC}$) ()
ALEX		₹		Pre-Operational	C	NC_	- R_
Responsible			il	Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified For Mary S			2/21/2024	Other (list)	1 <u></u> 2	<u>)</u> 3 <u>©</u>	<u> 4050</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	S MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	rrected By
296	С		Observed dirt/mold buildup on ice ma	chine from excess mo	isture.	05/3	30/2022
Received by	(name and	title j	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature	١٠		Inspected by (signature):			
received by	(Signature)	,.		inspected by (signature).			
cc:			ce:	•	cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		=1	BANK CATERING		ephone Number 12-634-2584	Date of Ins (mm/dd/yr		173
			mber and street, city, state, zip code)	1		05/18	/2022	173
409 3I	RD A	VΕ	NUE, JASPER, IN, 47546	8	12-630-1355			
Owner GAIL I	HETT	IN	GER	_	pose: Routine	Follow-uj		se Date 28/2022
Owner's Ac			14.0DED IN 475.40		Follow-up	Summary	of Violation	ns:
		٧, 、	JASPER, IN, 47546		Complaint	\cap	() ()
Person in C Jessic		ıal	as	=	Pre-Operational	c_ O	NC_	, R_O
Responsible				\blacksquare	Гетрогату	Menu Typ	e (See addi	tional page)
				\vdash	HACCP		\bigcirc_3	
Certified For James			rp. 04/03/2023		Other (list)	12		<u>/45_</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMAI	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at time	ne c	of inspection.			
D : 1:	, :			*		: . 1		
Received by	(name and	title p	<i>'</i>	_	rected by (name and title promberlee	inted):		
Received by	(signature)):			ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

			•	-			
SCH1		EL	BANK RESTAURANT	Telephone Number (812-482-2640)	Date of Ins (mm/dd/yr 05/18	j	174
			mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-631-1801	03/16	/2022	
Owner ALAN	HAN	SE	LMAN	Purpose: Routine	Follow-up		e Date 28/2022
Owner's Ac		ode	erville Rd., JASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C Barb L	Charge _uebb	eh	usen	Pre-Operational Temporary		NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			usen exp. 04/03/2023	Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	05/3	30/2022
438	С		Observed spray bottles of cleaner throug	hout the facility not la	abeled.	05/3	30/2022
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo SNAF				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
		s (nu	mber and street, city, state, zip code)	(812-848-7627	05/04/	2022	177
1115	MAIN	S ₁	TREET, JASPER, IN, 47546	⁽ 812-639-3022			
Owner KIM M	1ITCH	IEL	L (WTFDS LLC)	Purpose: Routine	Follow-up No	Releas	e Date 14/2022
Owner's Ac	ddress		,	Follow-up	Summary of		
		Ξ, 、	JASPER, IN, 47546	Complaint	4	(1
Person in C		IEL	L (WTFDS LLC)	Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-mai	il ,	Temporary	Menu Type	(See addii	tional page)
				HACCP	\bigcirc		
Certified Fo			EXP 9/12/22	Other (list)	1 <u></u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	05/1	6/2022
					+		
					-		
D : 11	, .	47.4		Y (11 / 100			
Received by	(name and	title p	,	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			#3001034 (Jasper)	812-634-9536	05/16/2	2022	194
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(503-722-2825	03/10/	2022	
Owner BELL	INDIA	١N٨	A, LLC	Purpose:	Follow-up NO		se Date 26/2022
Owner's Ac			WEST W. O. D. O.	Follow-up	Summary o	f Violatio	ns:
)7,	WEST LINN, OR, 97068	Complaint	\cap	() (
Person in C Audra		me	•	Pre-Operational Temporary	c_ U	NC_(J _R U
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified For Shawn			k exp. 7/8/2025	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> <u>/5</u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No violations observed at tim	ne of inspection.			
				•			
					+		
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishm	ent Name			Telephone Number	Date of Ins		ID#
TAQL	JERI	ΑI	EL LLANO	⁽ 812-351-4571	(mm/dd/yr)		196
			mber and street, city, state, zip code) TREET#B, JASPER, IN, 47546	(64)Owner 4 44	05/19	/2022	
Owner			GONZALEZ	Purpose:	Follow-up		e Date 29/2022
Owner's Ac				Follow-up	Summary	of Violation	ns:
		ΓER	RSVILLE RD #54, JASPER, IN, 47546	Complaint	1	4	1
Person in C		Α (GONZALEZ	Pre-Operational Temporary	C	NC_	R
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
G 10 17				Other (list)	-		\bigcirc
Certified For			zalez exp 11/28/22		1 2	<u>3</u>	<u> </u>
• CRITICAL	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	С	R	Product being stored in walk in and double	e door fridge without	covers	06/0	9/2022
			and in unapproved pa	ackaging			
413	NC		Back door screen has large gap betwee	n the ground and th	e door	11/3	30/2022
			3 3 .	<u> </u>			
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	ent Name			Telephone Number	Date of Ins	pection	ID#
TICKLE	BELLY		LL LLC (FUELED STRENGTH MEALS)	(812-630-5638	(mm/dd/yr 05/19		198
			mber and street, city, state, zip code) HONY RD W, HUNTINGBURG, IN, 47542	⁽ 812-630-5638	00/10	72022	
Owner TIM F	LICK			Purpose: Routine	Follow-up No		se Date 29/2022
Owner's Ac 2690 S S		TNA	HONY RD W, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	_
Person in C	Charge		, ,	Complaint Pre-Operational	$_{\rm c}$ 0	NC_($\int_{\mathbb{R}} \int_{\mathbb{R}} \int$
TIM F				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			(P. 12/27/2022	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	NDA		RESTAURANT	Telephone Number (812-634-7861	Date of Ins (mm/dd/yr 05/02)	1D# 199
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812-309-0053			
		IR/	AANDA / Juan A. Miranda	Purpose: Routine	Follow-up		e Date 12/2022
	7TH S	STR	REET, APT 16, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C JUAN	MIRA			Pre-Operational Temporary	_		2 _R 3
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified For Oscar			elgado exp 1/23/2025		1 2	<u> </u>	<u> </u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С	R	Observed expired meat on th	e shelf for retail.		05/1	2/2022
346	NC	R	Observed no hand soap at hand sinks ir	n the kitchen and ba	r area.	11/0)2/2022
347	NC	R	Observed no hand towels at hand sinks i	n the kitchen and ba	r area.	11/0)2/2022
			**Owner was present for follow-up and	is working to install	naner		
			towel and soap dispensers a		paper		
			tower and soap dispensers a	at Hariu Siliks.			
				*			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					_		
Establishm WOO		HE	EIMER'S BAR AND GRILL	Telephone Number (812-695-3211	Date of Ins (mm/dd/yr)	1D# 214
			mber and street, city, state, zip code) VILLE RD., JASPER, IN, 47546	(a.a.)Owner	05/25	/2022	
Owner			ND LUCINDA GRIMES	Purpose:	Follow-uj		se Date 04/2022
Owner's Ac 1839 U		۷Y	231, LOOGOOTEE, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C BRAN		1A	ND LUCINDA GRIMES	Pre-Operational Temporary	c	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			MES EXP 8/18/2026	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4U5U</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
297	NC	R	Observed dirt/dust/debris buildup on all	cooling and freezin	g units	11/2	25/2022
			throughout the establ	ishment.			
295	С	R	Observed excessive dust/dirt/oil buildu		ariddle	06/0	06/2022
			and floor around cook		9.10.0.0		
			and noor around ooon	urig aroa.			
							_
Received by	(name and	title		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			AL SWIMMING POOL (CONCESSIONS)	812-482-1789	05/20/2	2022	239
			mber and street, city, state, zip code) YST, JASPER, IN, 47546	⁽ 812-482-5959	03/20/2	2022	
Owner CITY (\SF	PER	Purpose: Routine	Follow-up NO		e Date 30/2022
Owner's Ac		ι ι Λ	DIFC OF IACDED IN 47546	Follow-up	Summary of	Violation	ns:
		ПА	RLES ST, JASPER, IN, 47546	Complaint	\cap	() ()
Person in C	SSA \			Pre-Operational Temporary	c_ O _	NC_	
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	10,0	•)2	$)_4\bigcirc_5\bigcirc$
EXEM		.1		<u> </u>	1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No violations observed at tim	e of inspection.			
			OK to operate	9			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
-	- /			- · · · · · · · · · · · · · · · · · · ·			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo RED		SF	=	Telephone Number (812-309-2139	Date of Inspe (mm/dd/yr)	ection	ID# 253
			mber and street, city, state, zip code)		03/02/4	2022	233
			Huntingburg, IN, 47542	⁽ 812-309-3780			
Owner				Purpose:	Follow-up		e Date
		NI.	SE MORGAN	Routine	No	05/	12/2022
Owner's Act		λve	e., Huntingburg, IN, 47541	Follow-up	Summary of	_	
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_) , ()
JACK	& DE	NI	SE MORGAN	Temporary	<u> </u>	NC	K
Responsible	Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo				Other (list)	100	$)_3$	\bigcirc
Denise					102	<u></u>	4030
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	UMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	rrected By
			No violations observed at tir	me of inspection.			
					+		
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
		- 1		Kymberlee	,		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme FISTE		OF	TACOS	Telephone Number (812-207-3474	Date of Ins (mm/dd/yr)	1D# 354
			mber and street, city, state, zip code)	1	05/13	/2022	354
			e Ste H, New Albany, IN, 47150	812-207-3474			
Owner	I . \ A / -	- 1- 1		Purpose:	Follow-up		se Date
Derec		snr	burn	✓ Routine	No		23/2022
Owner's Ad 2708 F		⊃ik∉	e Ste H, New Albany, IN, 47150	Follow-up Complaint	Summary	of Violation	
Person in C	harge		j	Pre-Operational	$_{\rm C}$ ${\rm U}$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
Derec				Temporary			
Responsible	Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	102	\bigcirc_3),(),()
			urn 8/29/21			<u></u>	<u> </u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title ţ		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
					1		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme			_	Telephone Number	Date of Inspe	ction	ID#
BEN'S	<u>s so</u>)F7	「PRETZELS	270-313-2005	(mm/dd/yr) 05/13/2	2022	367
			mber and street, city, state, zip code) OWENSBORO, ky, 42303	(270-313-2005	00/10/2	-022	
Owner RON \	WILLI	A۱	/IS	Purpose: Routine	Follow-up NO		se Date 23/2022
Owner's Ad		5 †	owonshoro ky 42202	Follow-up	Summary of	`Violation	15:
		οι,	owensboro, ky, 42303	Complaint	\cap	\mathcal{C}	\cap
Person in C		าทร	son	Pre-Operational	C	NC_	, R O
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP Other (list)	\cap	76	
Stephe			on exp. 5/29/2023		1 <u>0</u> 2 <u>0</u>	<u>)</u> 3 <u>•</u>	<u>/4</u> _5
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	inted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
i			•				



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Establishmo PUB		Rl	 JB	Telephone Number (812-631-0188	Date of Inspe (mm/dd/yr)		1D# 369
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) NST., JASPER, IN, 47546	812-631-0188	05/04/2	2022	
Owner JARE			· · · · · · · · · · · · · · · · · · ·	Purpose:	Follow-up		e Date 14/2022
Owner's Act		10	N ST., JASPER, IN, 47546	Follow-up Complaint	Summary of	_	
Person in C	harge			Pre-Operational	c_ U _	NC_	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type		
Certified Fo			IEIT 2024	Other (list)	102	<u>)</u> 3 <u>•</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	No violations observed at time	as of inspection	1	o Be Co	orrected By
			No violations observed at time	ie oi irispection.			
Received by			printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		ΔΙ	MOBILE	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID# 372
			mber and street, city, state, zip code)	812-351-4571	05/13/	2022	312
111 W	/ 28TI	1 S	ST., JASPER, IN, 47546	⁽ 812-351-4571			
Owner				Purpose:	Follow-up		e Date
francis		onz	zaiez	Routine	No	05/	23/2022
Owner's Ac		H S	ST., JASPER, IN, 47546	Follow-up Complaint	Summary o	_	
Person in C	harge			Pre-Operational		NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
francis				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	10,0	$)_3$	$)_4\bigcirc_5\bigcirc$
			alez 11/28/2022			<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	To Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
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State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	Γ'S Q		ALITY PROVISIONS	Telephone Number (502-630-9289)	Date of Ins (mm/dd/yr)	j	382
Establishm 2776 N	ent Addres //T. TA	is (nu NBC	mber and street, city, state, zip code) OR RD., NEW ALBANY, IN, 47150	(502-630-9289	03/13	2022	
Owner MITCI	H HEI	RB	ERT	Purpose: Routine	Follow-up No		e Date 23/2022
	/IT. TA	BC	OR RD., NEW ALBANY, IN, 47150	Follow-up Complaint	Summary	of Violation	
Person in C	<u> 1 HEI</u>			Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For MITCH			RBERT 5/4/2024	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

							_
Establishme OINK		SI	MOKEHOUSE	Telephone Number (812-630-5638	Date of Ins (mm/dd/yr)	1D# 387
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		05/13	/2022	
2690 S.	SAINT A	TNA	HONY RD. W., HUNTINGBURG, IN, 47542	⁽ 812-630-5638			
Owner				Purpose:	Follow-up	Releas	e Date
TIM F	LICK			Routine	No	05/	23/2022
Owner's Ac				Follow-up	Summary	of Violation	
2690 S.	SAINT A	TNA	HONY RD. W., HUNTINGBURG, IN, 47542	Complaint	Summary	_	_
Person in C	harge				$_{c}$ 0	$_{\rm NC}$) "()
TIM F	LICK			Pre-Operational	<u> </u>	NC	R
Responsible		E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		~ ~	
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$0_4 \bigcirc 5 \bigcirc 1$
tim flic	k 12/2	202	2				
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N	ARRATIVE	RELOW AS "R"
	C/NC			WIMART OF VIOLATIONS AN	I IN THE N		
Section#	C/NC	R	Narrative			10 Be C	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
	, <i>O</i>	•					
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ction	ID#
			SEXPRESS	(270-860-8214	(mm/dd/yr) 05/13/2	2022	393
			mber and street, city, state, zip code) RIVER RD., EVANSVILLE, IN, 47715	⁽ 270-860-8214	00/10/2	-022	
Owner ELLA[DA H	4D	JISAVVA	Purpose: Routine	Follow-up NO		se Date 23/2022
Owner's Ad		NID	RIVER RD., EVANSVILLE, IN, 47715	Follow-up	Summary of	Violation	15:
Person in C		IN L	TIVER RD., EVANSVILLE, IN, 477 13	Complaint	0	() ()
		۹D.	JISAVVA	Pre-Operational	C	NC_	<u>R</u>
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo				Other (list)	10,0	$)_3$	\bigcap_{i}
			ISAVVA 02/21/2024		1020	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					D . 61		YD #
Establishm TICKLE		/ HI	LL / DBA OINK INC SMOKE HOUSE	Telephone Number (812-630-5638)	Date of Ins (mm/dd/yr)	ъ# 394
			mber and street, city, state, zip code) 'HONY RD W, HUNTINGBURG, IN, 47542	⁽ 812-630-5638	05/19	/2022	
Owner TIM F	LICK			Purpose:	Follow-uj		se Date // 29/2022
Owner's Ac 2690 S.		ANT	HONY RD W, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	
Person in C	harge			Complaint Pre-Operational	c_0	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible		E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			27/2022	Other (list)	102	<u></u>)4050
• CRITICAL	. ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title p		Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
SATI				812-249-4622	05/13/2	2022	400
			mber and street, city, state, zip code) eet, TERRE HAUTE, IN, 47802	⁽ 812-249-4622	00/10/2	-022	
Owner MART	IN M	IR/	ANDA	Purpose: Routine	Follow-up		e Date 23/2022
Owner's Ac				Follow-up	Summary of	1	
PO Bo	x 219	91,	TERRE HAUTE, IN, 47802	Complaint		_	
Person in C		IR/	ANDA	Pre-Operational	c <u>U</u>	NC_($\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible				Temporary	Menu Type	(See addii	tional page)
•				НАССР			
Certified Fo			NDA 4/8/2026	Other (list)	102	<u>)</u> 3 <u>(•</u>	<u>0</u> 4 <u>U</u> 5 <u>U</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Г	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		ce:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm					ephone Number	Date of Insp (mm/dd/yr)	ection	ID#
DUN				1 (8)	56-904-2222	05/16/	2022	403
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(85	56-904-2222	007.107		
Owner SAGA	R DE	SA	AI		pose: Routine	Follow-up NO		e Date 26/2022
Owner's Ac			V 01001 E 1400ED IN 47540		Follow-up	Summary o	f Violation	is:
		ILL	LY CIRCLE, JASPER, IN, 47546		Complaint	\cap	() ()
Person in C		SA	AI .		Pre-Operational	c_ U	NC_	<u> </u>
Responsible	e Person's	E-mai	il		Temporary HACCP	Menu Type	(See addi	ional page)
Certified Fo	and Handle	\ P4		=	Other (list)	102),(),(),()
			RGEON 12/31/2025			1 2	<u>3</u>	<u> 4030</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKE	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMAR	RY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				Го Ве Со	orrected By
			No violations observed at time	ne o	f inspection.			
Received by	(name and	title p			cted by (name and title pr	inted):		
Received by	(signature)):			cted by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm 9911 S Owner LORI Owner's Ad	D FC ent Addres S ST. AUST ddress S. ST Charge AUST e Person's	RI RI RI RI IN E-ma	D 161, HOLLAND, IN, 47541	Telephone Number (812-480-4069 (812-480-4069) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	6/2022 Releas	26/2022 D R O
• CRITICAL	LITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Na violations observed at tip	no of inspection		10 Be Co	orrected By
			No violations observed at tin	ne or inspection.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
ZAXE				502-649-9977	05/20/2	0022	426
			mber and street, city, state, zip code) EIM ROAD, JASPER, IN, 47546	(502-649-9977	03/20/2	.022	
Owner				Purpose:	Follow-up NO	Releas 05/	e Date 30/2022
Owner's Ac				Follow-up	Summary of	Violation	is:
4227 N	MANN	IHE	EIM ROAD, JASPER, IN, 47546	Complaint	_ `	_	
Person in C	Charge			✓ Pre-Operational	c_ U	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	_	
Certified Fo	ood Handle	er		Other (list)	102	<u>)</u> 3 <u>(•</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at time	ne of inspection.			
			**OK to operate	2 **			
			On to operate	<u>, </u>			
D : 11		414	- '	Y	· D		
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

				T			T
Establishm TOM'		RΑ۷	VELING COFFEE TRUCK	Telephone Number () Establishment	Date of Ins (mm/dd/yr		1D# 433
			mber and street, city, state, zip code) O., CHANDLER, IN, 47610	() Owner	05/13	12022	
Owner DERE	K & [DE	AN TAYLOR	Purpose:	Follow-uj		se Date //23/2022
	BELL	RI	D., CHANDLER, IN, 47610	Follow-up Complaint	-	of Violation	
	K & [AN TAYLOR	Pre-Operational Temporary		NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F		er		Other (list)	1 2	<u>3</u>)4050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	title j	printed):	Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					1		
Establishm		Λ		Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-319-3246	05/11	/2022	445
			0 E, OTWELL, IN, 47564	812-319-3246			
Owner		۸/۸	LD 0 DDITTANIVILIADDINI	Purpose:	Follow-up		se Date
		MΑ	LD & BRITTANY HARBIN	✓ Routine	No	05/	21/2022
Owner's Ac 5959		85	0 E, OTWELL, IN, 47564	Follow-up	Summary	of Violation	
Person in C		-	2, 21, 11, 17, 17, 17, 17, 17, 17, 17, 17, 1	Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	$_{\rm NC}$	0 ,
OLIVA	A HOV	NΑ	LD & BRITTANY HARBIN	Pre-Operational Temporary	<u> </u>	NC_	R
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	or		Other (list)	102	\bigcirc_{2}),(),()
			D 6/11/2026		1 <u>0</u> 2	<u></u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			
				•			
Received by	(name and	title 1		Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Ins (mm/dd/yr)		ID#
			Bloomington	(317-363-7810	05/13		456
			mber and street, city, state, zip code)	(31 7 -363-7810		2022	
	таске	rC	reek Rd, Martinsville, IN, 46151				<u> </u>
Owner Debbio		hle	r	Purpose: Routine	Follow-up No		Se Date 23/2022
Owner's Ad		_		Follow-up	Summary	of Violatior	ns:
		r C	reek Rd, Martinsville, IN, 46151	Complaint	\mathbf{O}	() (
Person in C Debbi		hla	r	Pre-Operational	$_{\rm C}$	NC_	$I_{R}U$
Responsible				Temporary	Manu Tun	o (Coo addi	tional page)
Kesponsible	e rerson's	c-ma	11	НАССР	Menu Typ	e (see aaan	nonai page)
Certified Fo	ood Handle	er		Other (list)	10,0	\bigcirc_3 \bigcirc	$)_4\bigcirc_5\bigcirc$
					1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
100011040	(mane and	· · · · · ·		Kymberlee			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm		_		Telephone Number	Date of Insp	ection	ID#	
Kool :	<u>Shac</u>	k_		⁽ 812-483-5874	$1 \begin{vmatrix} \binom{\text{mm/dd/yr}}{05/13/2022} \end{vmatrix} 461$			
			mber and street, city, state, zip code) Rd E, Henderson, KY, 42420	⁽ 812 ⁻ 483-5874	03/13/	2022		
Owner	\\/oth			Purpose:	Follow-up		e Date	
Adam Owner's Ad		ien		Routine	No		23/2022	
		er 1	Rd E, Henderson, KY, 42420	Follow-up	Summary o	f Violation	is:	
Person in C				Complaint	$\mathbf{L}_{\mathbf{G}}\mathbf{O}$	NC () "()	
Adam	Wath	en		Pre-Operational	<u> </u>	NC	K	
Responsible	e Person's	E-mai	1	Temporary HACCP	Menu Type	(See addi	ional page)	
C CC IE	1 77 11			Other (list)	-0.0		Ω	
Certified For Adam			exp. 11/19/2025			<u> </u>	<u>/405</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations observed at time	ne of inspection.				
Received by	(name and	title p		Inspected by (name and title p	rinted):			
Received by	(signature)) :		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm Eden		T/ڊ	his Latte'd Lamb	Telephone Number (812-703-5009)	Date of Ins (mm/dd/yr)		1D# 466
			mber and street, city, state, zip code)		05/16	/2022	700
			St, Edinburgh, IN, 46124	(317-315-4702			
Owner Antho	nv .lo	slir	1	Purpose:	Follow-up		e Date 26/2022
Owner's A		OIII	1		_		
		W,	Trafalgar, IN, 46181	Follow-up Complaint	-	of Violation	
Person in C				Pre-Operational	CU	NC (0_{R}
Antho	ny Jo	slir	1		<u> </u>	110	K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		~ ~	
Certified For			exp. 1/5/2027	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u> </u>
	_		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
	0,11.0		No violations observed at	time of inspection			
			140 VIOIALIONS ODSERVED AL	unie or mapeodon.			
_	L	<u> </u>		T			
Received by	(name and	l title j	printed):	Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Hurst	Fun	Fc	ood	865-405-4015	05/16/	2022	473
			mber and street, city, state, zip code)	(00)Owner 4045	05/16/	2022	
4630 N	lepo l	Λοι	untain Road, Walland, TN, 37886				
Owner	. I			Purpose:	Follow-up		e Date
Jerry I				Routine	No	05/	26/2022
Owner's Ac		101	intain Dood Walland TN 27006	Follow-up	Summary o	of Violation	ns:
		VIOL	ıntain Road, Walland, TN, 37886	Complaint	\cap	(\cap
Person in Co				Pre-Operational	C	NC_	$R_{\rm R}$
Responsible		F_mai		Temporary	Menu Tyne	Soo addi	tional page)
Kesponsibil	c i cison s	L-IIIa	u	НАССР	- Wichu Type	, (Bee dadi	nonui puge)
Certified Fo	ood Handle	er		Other (list)	10°	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
Exemp					1	<u> </u>	<u></u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			•
Received by	(name and	title p		Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ction	ID#
CAFE	<u> PIN</u>	<u> </u>		(812-639-6174	(mm/dd/yr) 05/10/2	022	474
			mber and street, city, state, zip code) E LANDING SUITE M, JASPER, IN, 47546	⁽ 812-639-6174	03/10/2	.022	
Owner			DE 7	Purpose:	Follow-up	Releas	
CLAU		UP	AREZ	Routine	No	05/	20/2022
Owner's Ac 225 RIVE		ITRI	E LANDING SUITE M, JASPER, IN, 47546	Follow-up Complaint	Summary of	Violation	is:
Person in C				Pre-Operational	$_{c}$ 0	$_{ m NC}$ ($\bigcup_{\mathbf{R}} \bigcup_{\mathbf{R}}$
CLAU	<u>DIA J</u>	U٨	AREZ	Temporary		11C	^
Responsible	e Person's	E-mai	il	HACCP	Menu Type	See addii	ional page)
C C LE	177 11			Other (list)	10.0	$)_3$	\bigcirc
Certified For CLAUI			REZ 3-12-2024		1020	<u> </u>	<u>4050</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			Ok to operate)			
Received by	(name and	title p		Inspected by (name and title processing Pie	/		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme			220	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
MO S				629-200-9510	05/16/2	0022	476
			mber and street, city, state, zip code)	629-200-9510	03/10/2	.022	
	ieasan	t V	alley Dr, Chapmansboro, TN, 37035				
Owner Derek	Ande	erso	on	Purpose: Routine	Follow-up No	Releas	e Date 26/2022
Owner's Ac	ddress			Follow-up	Summary of	Violation	ns:
1105 P	leasan	t V	alley Dr, Chapmansboro, TN, 37035	Complaint		_	
Person in C		_		Pre-Operational	$_{\rm C}$ U	NC_($\mathcal{I}_{R}U$
Chris				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	See addii	tional page)
				Other (list)	-	$)_3$	\bigcirc
Certified Fo	ood Handle	er			1 2	<u> </u>	4 <u>05</u> 0
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
				l			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
	ĺ						
cc:			ce:		cc:		



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Establishm Cater		v I	Meyer League Stadium	Telephone Number (812-367-1690)	Date of Ins (mm/dd/yr))	ID# 477
			mber and street, city, state, zip code)		05/25	/2022	'''
			e Road 162, Huntingburg, IN, 47542				
Owner	Provin	. 0	Jarad Faltner	Purpose:	Follow-up		se Date
		ıα	Jared Feltner	Routine	No	UO/	04/2022
Owner's Ac 6655 S		tate	Road 162, Huntingburg, IN, 47542	Follow-up	_ `	of Violation	_
Person in C		-	7 (10 da 10 = 1 1 da 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Complaint		NC_(\mathbf{O}
		1 &	Jared Feltner	✔ Pre-Operational	c	NC_	R
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For JAREI			ER exp. 7/18/2022	Other (list)	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
				•			
			OK to Operate	←			
			On to operate	<u> </u>			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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				-			
	OVE		PIZZA / CHESTER CHICKEN	Telephone Number (812-481-2766	Date of Ins (mm/dd/yr		1D# 18
Establishmonth 1281	ent Addres 3RD <i>A</i>	ss (nu \V	mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	⁽ 812 ⁻ 309-2097			
Owner ROBE	RTK	NI	GHT	Purpose: Routine	Follow-uj		e Date 05/2022
Owner's Ac 13465		₹ 6	2, GENTRYVILLE, IN, 47537	Follow-up Complaint	_ *	of Violation	
Person in C	harge			Pre-Operational	c_ _	NC_	2 _R 1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	pe (See addit	cional page)
Certified Fo			5-28-2023	Other (list)	102	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
346	NC		Observed no hand soap at th	e deli hand sink.		01/2	26/2023
344	С		Observed bakery hand sink to be full of	dishes and not acce	ssible.	08/0)5/2022
351	NC		Observed the women's bathroom to not	have covered recep	tacles.	01/2	26/2023
295	С	R	Observed cooler fans in produce walk-ir	n cooler to have buil	dup of	08/0)5/2022
			dust/dirt/debris		·		
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name BUFFALO WINGS AND RINGS Establishment Address (number and street, city, state, zip code) 1910 HOSPITALITY DRIVE, JASPER, IN, 47546				(8)	12-482-9464 12-630-4169	Date of Ins (mm/dd/yr 07/29		1D# 21
Owner MIKE	WEY	ER			rpose: Routine	Follow-uj		e Date 08/2022
Owner's Address P.O. BOX 667, JASPER, IN, 47547					Follow-up Complaint	-	of Violation	
Person in C			,		Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$
Responsible	e Person's	E-ma	il	⊨	Temporary	Мепи Тур	oe (See addit	ional page)
Certified Food Handler Doug exp. 12/2026 HACCP Other (list) 102						<u></u>	<u>4</u> 05	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	ММА	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative		<u> </u>			rrected By
177	С		Salmon being stored underneath raw of			op grill		08/2022
204	NC	R	Ice scoops being stored in a un		-			1/2022
347	NC	R	No paper towels at hand sink closest to r	nar	nagers office on t	he line	12/0	1/2022
Received by	(name and	title j		_	hristina Pie			
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment 1	Nama			Telephone Number	Date of Ins	naction	ID#
BUNGA		ΟV	/ BAR	(219-204-8655	(mm/dd/yr		22
			mber and street, city, state, zip code) S, FERDINAND, IN, 47532	⁽ 219-204-8655	07/13	12022	
Owner RIAN KI	ERS	T		Purpose:	Follow-uj		e Date 25/2022
Owner's Addre		- l-	D. HUNTINGDUDG IN 47540	Follow-up	Summary	of Violation	ns:
Person in Char		an	Dr, HUNTINGBURG, IN, 47542	Complaint	\cap	NC_	
RIAN KI		T		Pre-Operational	c_ O	NC	R C
Responsible Pe			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
C (C IF I	77 11			Other (list)	. ()	\bigcirc .	\bigcirc
Certified Food RIAN KE			06-26-2025		1 <u>0</u> 2	<u> </u>	<u> 405</u>
• CRITICAL ITE	EMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S	S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section# C	C/NC	R	Narrative			To Be Co	rrected By
216 N	NC		Observed cardboard lining shelf in re	efrigerator with sau	uces.	01/1	6/2023
Received by (na	ame and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by (sig	gnature)	:		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	NEW CHINA'S BEST				ephone Number 12-634-2007	Date of Ins (mm/dd/yr		1D# 31
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546		12-634-2007			
Owner QIU C	QIU CHEN				pose: Routine	Follow-uj		21/2022
Owner's Ac	Owner's Address				Follow-up	Summary	of Violation	ıs:
					- Complaint	o		
Person in C		١Z	HU	=	Pre-Operational	<u>с_</u> З	NC_	
Responsible	e Person's	E-ma	il	=	Temporary HACCP	Menu Typ	oe (See addii	tional page)
				\vdash	Other (list)			
Certified Fo			IU 2023			1 <u>U</u> 2	<u> </u>	<u> </u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	/ARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMAI	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
345	С	R	Observed handwashing sink to be	bro	ken and turned	off.	07/2	21/2022
344	С		Observed access to handwashing sink to b	be v	ery restricted prev	enting/	07/2	21/2022
			employees from washi	ing l	hands.			
177	С	R	Observed food being stored without	COV	ers in walk-in c	ooler.	07/2	21/2022
217	NC	R	Observed food being stored in bags not				01/1	1/2023
			<u> </u>			J		
Received by	(name and	title 1			cted by (name and title pr	rinted):		
Received by	(signature)):			ected by (signature):			
cc:			сс:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	ent Name			Telephone Number	Date of Ins	pection	ID#
NEW	TON	S	T. SUNOCO #55	⁽ 812-634-1121	(mm/dd/yr	,	35
			mber and street, city, state, zip code)		07/29	/2022	
			N STREET, JASPER, IN, 47546	⁶ 513-367-9900			
Owner	_			Purpose:	Follow-u		se Date
		ASS	SOCIATES INC/DBA TRIUMP ENERGY	✓ Routine	No	08/	08/2022
Owner's Address 9171 dry fork rd, harrison, oh, 45030				Follow-up	Summary	of Violation	ns:
		rK	ra, narrison, on, 45030	Complaint	1	1	1 1
Person in C		AS:	SOCIATES INC/DBA TRIUMP ENERGY	Pre-Operational	C	NC_	R
Responsible	_			Temporary	Menu Tvr	e (See addi	tional page)
responsible			-	НАССР			
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bullet	$)_{4}\bigcirc_{5}\bigcirc$
ANGE	LA KL	.UE	SNER 7-15-2025				
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
351	NC		Observed restroom to not have a	covered receptacl	e.	01/3	30/2023
177	С	R	Observed box of lids on the floor in back	storage room and l	box of	Co	rrected
			eggs on floor in walk i	in cooler.			
Received by	(name and	title j	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm 6661 E Owner	STIN ent Addres ST. M	ss (nu IAR	SUNOCO#57 mber and street, city, state, zip code) Y STREET, CELESTINE, IN, 47521 SOCIATES INC/DBE TRIUMPH ENERG	Telephone Number (812-482-2707 (812-634-1074 Purpose:	Follow-uj	7/2022 Releas 07/	28/2022
9171 [Person in CHAWKS] Responsible	Charge STONE e Person's	ASS E-ma	RK RD, HARRISON, OH, 45030 SOCIATES INC/DBE TRIUMPH ENERG ii p. 2/1/2021 Ashley Hembree 9/11/23	Pre-Operational Temporary HACCP Other (list)	c_1	NC	R_1
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N	ADD ATIVE	DELOW AC "D"
Section#	C/NC	R	Narrative	MIMARY OF VIOLATIONS AN	DINTHEN		orrected By
192	С	R	Observed expired milk on the	a shalf for retail			28/2022
192		N	Observed expired milk on the	e shell for retail.		01/2	20/2022
	-						
	<u> </u>						
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	ont Nama			Telephone Number	Date of Ins	nection	ID#
ST. A	NTH		NY SUNOCO #58	(812-326-2500	(mm/dd/yr		38
			mber and street, city, state, zip code) ROAD 64, ST ANTHONY, IN, 47575	513-367-9900	07/10	/2022	
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-uj		se Date 28/2022
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up	-	of Violation	
Person in C				Pre-Operational	c_2	NC_	$\frac{1}{R}$
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			2023	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С	R	Observed expired milk on the	e shelf for retail.		07/2	28/2022
177	С	R	Observed box of cups being st	tored on the floor.		07/2	28/2022
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe	ction	ID#
LUBE	<u> WA</u>	Υ :	SUNOCO #56	812-634-7827	(mm/dd/yr) 07/29/2	2022	39
			mber and street, city, state, zip code) 'AY, JASPER, IN, 47546	⁽ 513-367-9900	0172372		
Owner HAWKS	TONE	AS	SOCIATES IN/DBA TRUMPH ENERGY	Purpose: Routine	Follow-up NO		e Date 08/2022
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up Complaint	Summary of	Violation	ns:
Person in C	_	AS	SOCIATES IN/DBA TRUMPH ENERGY	Pre-Operational	C	NC_) _R 1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type		
Certified For RODN			P 5/14/2024	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u> </u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	To Be Co	rrected By
345	С	R	Hand washing sink on blimpies front	line was being use	ed for		
			for other things than har	nd washing			
			**Need to find out who the certifie	ed food manager is	**		
			Treed to find out who the contine	od 1000 manager ic	,		
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
		•		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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Establishmo		Ε	SUNOCO #54	Telephone Number (812-695-2505	Date of Inspector (mm/dd/yr)		ID# 42
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) JASPER, IN, 47546	(513-367-9900	07/29/2	2022	
Owner	<u> </u>	<i>,</i>	0/(O) E((,)) (1/() -1/()	Purpose:	Follow-up	Releas	e Date
HAWKS		ASS	SOCIATES INC/DBA TRIUMPH ENERGY	Routine	No		08/2022
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up Complaint	Summary of		
Person in C	harge		SOCIATES INC/DBA TRIUMPH ENERGY	Pro Operational	$_{\rm c}$	_{NC_} 1	R = 0
				Temporary	M T	(C 11:	. 7
Responsible	e Person's	E-ma	Ш	НАССР	Menu Type	See addii	nonal page)
Certified Fo		er		Other (list)	1 22	<u>)</u> 3 <u>C</u>	<u>14050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
433	NC		Observed mop not being	hung to dry.		01/3	30/2023
			o see the see the see that see the				
Received by	(name and	title p	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		2"	MART #33	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	812-367-2351	07/13/2	2022	44
			REET, FERDINAND, IN, 47532	⁽ 812-547-6435			
Owner C & S	INC.			Purpose: Routine	Follow-up NO		e Date 23/2022
Owner's Ad				Follow-up	Summary of	Violation	is:
P.O. E	3OX 3	39,	TELL CITY, IN, 47586	Complaint		_	
Person in C				Pre-Operational	c_ U _	NC	$\frac{1}{R}$
Responsible	Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР		\ G	
Certified For ANGIE			3Y 4/24/2023	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>(•</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee	· 		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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CITG		OF	RTHSIDE		(812-482-6363	(mm/dd/yr)		ъ# 45
Establishm	ent Addres	s (nu	mber and street, city, state, z	cip code) SPER, IN, 47546	(0.4)Owner 4 0000	07/29/	/2022	
Owner JAYM			·		Purpose:	Follow-up		e Date 08/2022
Owner's Address			Follow-up	Summary	of Violation	s:		
Person in C		ot (St., HUNTINGB	URG, IN, 475442	Complaint	\cap	2	2 _R 1
		/E/	Diana Kleema	n	Pre-Operational Temporary	C		
Responsible	e Person's	E-ma	il		НАССР	Menu Typ	e (See addit	ional page)
Certified Fo			exp 10/12/202	1	Other (list)	1 2	<u>3</u>	<u>_4</u> _5
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST	T AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R		Narrative		Ī		rrected By
310	NC	R	•	of dust/dirt/debris on ho		itchen.		80/2023
346	NC		Observed	d no hand soap at ki	tchen hand sink.		01/3	80/2023
Received by	(name and	title p	orinted):		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:				cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name	ACY #6881 (HUNTINGBURG)	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
	mber and street, city, state, zip code)	812-683-3309	07/08/2	2022	51
	REET, HUNTINGBURG, IN, 47542	⁽ 401 ⁻ 770-5324			
Owner HOOK - SUPE	ERX. LLC.	Purpose: Routine	Follow-up	Releas	e Date 18/2022
Owner's Address	,	Follow-up	Summary of		
	AIL CODE #1160, WOONSOCKET, RI, 02895	Complaint			` ^
Person in Charge ANTHONY CA	ASTELLO	Pre-Operational	c_ U _	NC_	$\frac{1}{R}$
Responsible Person's E-mai		Temporary	Menu Type	(See addii	ional page)
		HACCP			
Certified Food Handler Exempt		Other (list)	1 <u>0</u> 2	<u>J</u> 3 <u>C</u>	<u> 4050</u>
• CRITICAL ITEMS ARE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S) REPEATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section# C/NC R	Narrative			Го Ве Со	rrected By
	Observed no violations at time	ne of inspection.			
		<u>-</u>			
Received by (name and title p	printed):	Inspected by (name and title pr	rinted):		
- · · · · · · · · · · · · · · · · · · ·		Kymberlee	•		
Received by (signature):		Inspected by (signature):			
cc:	cc:		cc:		



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			<u> </u>	•				
Establishme DENI		#6	5878	Telephone Number (812-482-6006)	Date of Ins (mm/dd/yr		то# 55	
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	$(40\lambda^{0})$				
Owner TLIN,	LLC			Purpose: Routine	Follow-uj		Date 08/2022	
Owner's Ac			U 01- 404 MEOA AZ 05045	Follow-up	Summary	of Violation	is:	
		wa	ılk, Ste 131, MESA, AZ, 85215	Complaint	3	$_{\rm NC}$ 2	1	
Person in C Cursti		ore	a	Pre-Operational	c	NC_	R	
Responsible				Temporary	Menu Typ	oe (See addit	tional page)	
				HACCP				
Noah S			o. 10/15/2026	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4</u> <u>5</u> <u>5</u>	
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
191	С	R	Observed foods being stored in walk-in c	ooler without proper	dating	08/0	08/2022	
			system.					
192	С		Observed foods in walk-in cooler	past expiration da	te.	08/0	08/2022	
296	С	R	Observed ice cream scoop dip well r	not being used pro	perly.	08/08/2022		
310	NC	R	Observed buildup of dust/dirt/debris on cei	iling vents in cook line	e area.	01/3	30/2023	
431	NC	R	Observed floor drains to contain foo	d particles and bui	ldup.	01/3	30/2023	
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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							r
	_AR (NERAL STORE #2144	Telephone Number (812-610-9913	Date of Ins (mm/dd/yr) 07/27	j	то# 56
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	615-855-4000	01/21	2022	
Owner DOLG	ENC	OR	RP, LLC.	Purpose: Routine	Follow-up		e Date 06/2022
Owner's Ac		RII	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint	Summary	of Violation	
Person in C		OR	RP, LLC.	Pre-Operational	$_{\rm C}$	NC_($\frac{1}{R}$
Responsible			•	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2	<u>•</u> 3 <u>C</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
		- 1		Kymberlee	,		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme DOLL		 GE	ENERAL STORE #2743	Telephone Number (812-481-2091	Date of Inc	r)	ID# 57
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) NUE, JASPER, IN, 47546	615-855-4000	01/20	6/2022	
		OR	RP, LLC.	Purpose: Routine	Follow-u No		ne Date 05/2022
Owner's Ad		RIE	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint	Summary	of Violation	
Person in C Ryan	harge			Pre-Operational	c_{1}	NC_1	$\frac{1}{R}$
Responsible			il	Temporary HACCP	Menu Tyj	pe <i>(See addit</i>	ional page)
Certified Food Handler Exempt Other (list)						<u>O</u> 3 <u>C</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	` '		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	ID IN THE N	_	
Section#	C/NC	R	Narrative	on the shalf for ret	o:I		orrected By
144	C NC	R	Observed severely dented cans of Observed trash can in women's res				rrected 26/2023
351	INC		Observed trasmican in women's res	TOOM to not have	a iiu.	01/2	10/2023
Received by	(name and	title r	orinted):	Inspected by (name and title p	rinted):		
received by	(name and	titie p		Kymberlee	rinica).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm DOLL		GE	NERAL STORE #4509	Telephone Number (812-329-2650)	Date of Ins (mm/dd/yr)	1D# 58
			mber and street, city, state, zip code) HEIM RD., JASPER, IN, 47546	(0.4.)Owner = 4000	07/29	/2022	
Owner DOLG	ENC	OR	RP, LLC.	Purpose:	Follow-up		se Date // 08/2022
Owner's Ad		RII	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint		of Violatio	
Person in C				Complaint	_ 1	NC_	1 52
rebeco	ca bro	owr	า	Pre-Operational	C	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\sim	
Certified For		er		Other (list)	1 2	<u>3</u>	<u>)4050</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be C	orrected By
433	NC	R	Observed mops not being	hung to dry.	Î	01/3	30/2023
144	С	R	Observed severely dented cans of		ail.		rrected
			,				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	AR ent Addres	s (nu	EE #01349 mber and street, city, state, zip code) TREET, UNIT 101, JASPER, IN, 47546	Telephone Number (812-482-4497) (757-321-5000)	Date of Instance (mm/dd/yr		ID# 60
Owner DOLL	AR TI	RE	E STORES, INC.	Purpose:	Follow-uj		e Date 06/2022
Owner's Address 500 VOLVO PARKWAY, CHESAPEAKE, VA, 23320				Follow-up	-	of Violation	
Person in C				Pre-Operational	c_2	NC_	$\frac{2}{R}$
Responsible		E-ma	il	Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo		er		Other (list)	102	<u>O</u> 3 <u>C</u>) ₄ O ₅ O
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Observed boxes being stored on the flo	oor in back storage	room.	08/0	08/2022
144	С	R	Observed overcrowding of boxed prod	uct in back storage	which	08/0	08/2022
			could cause a potential infestation	on of insects/vermin	٦.		
218	NC		Observed walk-in freezer to not I	be working properl	у.	01/2	27/2023
433	NC	R	Observed mops not being hung to dry and	sitting in dirty, moldy	water.	01/2	27/2023
Received by	(name and	title j	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		S F	PIZZA	Telephone Number (812-634-9897	Date of Ins (mm/dd/yr	r)	ID# 61
			mber and street, city, state, zip code)	-	07/28	3/2022	
			IASPER, IN, 47546	⁽ 502 ⁻ 773-2972			
Owner	T \//		· · · · · · · · · · · · · · · · · · ·	Purpose:	Follow-uj		
SCOT		LS	ON	Routine			07/2022
Owner's Ac 1044 V		EO/	AK CT., LANESVILLE, IN, 47136	Follow-up Complaint	Summary	of Violation	
Person in C	harge			Pre-Operational	$\frac{1}{c}$	NC Z	$\frac{2}{R}$
			UKAM	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	pe (See addit	ional page)
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			UKAM EXP 6/13/22		1	<u> </u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
437	С		Spray bottles containing chemicals ne	eed to be clearly la	beled	08/0	08/2022
256	NC		Temperature measuring device in s	mall topping table	was	01/3	30/2023
			unreadable			1	
324	NC		Hand sink is leaking from pipes	underneath the sir	ık	01/3	30/2023
						·	
Received by	(name and	title p		Inspected by (name and title pr			
				Christina Pie	∍rini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
					1		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	ont Name			Telephone Number	Date of Ins	nection	ID#
		F١	GRILL	812-481-1799	(mm/dd/yr	•)	66
			mber and street, city, state, zip code)		07/18	/2022	
			ON STREET, JASPER, IN, 47546	(812-319-3805)			
Owner				Purpose:	Follow-uj		se Date
DAGC	BER	<u>TC</u>	MOSQUEDA	Routine		07/	28/2022
Owner's Ac		1	D.J. 450 N. Diabland IN. 47004	Follow-up	Summary	of Violation	ns:
		unt	y Rd. 150 N, Richland, IN, 47634	Complaint	2	(1
Person in C		lon	ez Mosqueon	Pre-Operational	c_ 	NC_	$\frac{1}{R}$
Responsible			<u>-</u>	Temporary	Monu Tur	o (Saa addi	tional page)
Kesponsible	e r erson s	L-IIIa	11	НАССР	Menu Typ	e (see aaai	nonai page)
Certified Fo	ood Handl	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$_{4}O_{5}O$
DAGO	BERT	О	MOSQUEDA 02/13/2025		- <u>-</u> -	<u> </u>	<u></u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
343	С		Observed no working hand washing sink in	n bar area for employ	ees to	07/2	28/2022
			properly wash ha				
438	С	R	Observed chemical spray bottles		h	07/2	28/2022
100		1 \	Observed orientidal spray betties	not properly labele	и.	0172	-0/2022
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted):		
	•			Kymberlee	,		
Received by	(signature):		Inspected by (signature):			
	-			.			
cc:			ce:		cc:		



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Establishm		\bigcirc I	 _LAR #29125	Telephone Number (812-817-3015	Date of Ins (mm/dd/yr		1D# 70
			mber and street, city, state, zip code)	1	07/27	/2022	70
			REET, HUNTINGBURG, IN, 47542	⁽ 757-321-5058			
Owner	V DC) I I	AR STORES OF IN, LLC	Purpose:	Follow-up		se Date 06/2022
Owner's A			AR STORES OF IN, LEC	Routine			
		PAR	RKWAY, CHESAPEAKE, VA, 23320	Follow-up Complaint	Summary	of Violation	_
Person in C				Pre-Operational	$ _{\mathbf{C}}$	NC_2	$\frac{1}{R}$
tony D				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\odot_3 C	$_{4}O_{5}O$
Exemp	ot						
• CRITICAL	L ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
433	NC	R	Observed mops not being	hung to dry.		01/2	27/2023
351	NC	R	Observed no covered receptacle in	n customer restroc	m.	01/2	27/2023
144	С	R	Observed severely dented cans of	on the shelf for reta	ail.	Co	rrected
Received by	(name and	title p	,	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
		_					
cc:			cc:		cc:		



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Establishment Name GASLIGHT PIZZA & GRILL (PBTP INC) Establishment Address (number and street, city, state, zip code)				(8)	12-683-3669 12-639-7916	Date of Ins (mm/dd/yr 07/08		ID# 81
	41H S	IR	EET, HUNTINGBURG, IN, 47542					7.
Owner JOHN		ON	IGER		rpose: Routine	Follow-uj No		18/2022
Owner's Address 917 SHELBY STREET, HUNTINGBURG, IN, 47542					Follow-up	-	of Violation	
Person in C	harge			╚	Complaint Pre-Operational	$_{\rm c}$ 1	$_{\rm NC}$	$\frac{2}{R}$
JOHN				=	rre-Operational Temporary			
Responsible	e Person's	E-ma	il	=	НАССР	Menu Typ	e (See addii	tional page)
Certified F	ood Handle	er			Other (list)	$1\bigcirc 2$	\bigcirc_3	$_{4}\bigcirc_{5}\bigcirc$
John F	P. Son	gei	r exp. 5/9/2022	_		1	<u> </u>	. <u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
234	NC		Observed scoops without handles in cro	uto	ns and chips con	tainer.	01/0	9/2023
310	NC	R	Observed buildup of dust/dirt/debris on v	/ent	ts behind fryers a	ınd flat	01/0)9/2023
			top grills.					
191	С	R	Observed some food in pizza and sar	ndw	rich prep table c	oolers	07/1	8/2022
			without dates	.				
Received by	(name and	title p			ected by (name and title pr /mberlee	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			ce:			cc:		



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	DAY		OODS #5		lephone Number 312-482-4464	Date of Ins (mm/dd/yr		1D# 95
			mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	(8	312-937-4428	01/20	72022	
Owner JOSH		/IN	KLER		rpose: Routine	Follow-uj		e Date 05/2022
Owner's Ad 535 E		cali	f, Dale, IN, 47523		Follow-up Complaint		of Violation	_
Person in Charge Mark Reeder Pre-Operation Temporary					Pre-Operational	c_ _	NC_	2 _R 2
Responsible Person's E-mail HACCP						oe (See addii		
Certified Food Handler Mark Reeder exp. 7/21/2025 Other (list) 102					<u></u>	<u>14050</u>		
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
346	NC	R	Observed no hand washing soap at de	eli d	department hand	d sink.	01/2	26/2023
344	С		Observed bakery hand soap being ob	ostr	ructed with dirty	pans.	08/0)5/2022
351	NC		Observed no covered receptacles	in י	women's restro	om.	01/2	26/2023
295	С	R	Observed buildup of dust/dirt/debris on p	oroc	duce walk-in cool	er fan.	08/0)5/2022
Received by	(name and	title p	,	•	ymberlee	rinted):		
Received by	(signature):		Insp	ected by (signature):			
cc:			сс:			cc:		



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Establishmo 2000 H Owner MADH Owner's Ac	DAY ent Addres HOSPI HAVA ddress AR LA	TA	IN EXPRESS mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546 ATEL E, S BARRINGTON, IL, 60010	Telephone Number (812-482-3344 (770-904-5220 Purpose: Routine Follow-up Complaint Pre-Operational	Date of Insp (mm/dd/yr) 07/29/ Follow-up NO Summary of	(2022 Releas 08/	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	e (See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
345	С		Observed handwashing sink being use	d for other purpose	s than	08/0	08/2022
			handwashing				
			3				
			New management is looking into who v	vill be new food man	ager		
			3				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo 375 S Owner Zhou Owner's Ac 731 W Person in C Zhou Responsible	G KO ent Addres US F Wen Iddress / 8th S Charge Wen e Person's	DO St, DO E-ma	JASPER, IN, 47546 ng	(8 /	phone Number 12-634-1103 59-353-7820 pose: coutine collow-up complaint cre-Operational cemporary IACCP Other (list)	Follow-u NO Summary	p Releas 07/	28/2022 B R 2
Zhou Wen Dong exp 12/13/2024								<u></u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMAR	RY OF VIOLATIONS" AND	D IN THE N		
Section#	C/NC	R R	Narrative Observed significant buildup of dust/dirt/gi	recor	throughout the	facility		28/2022
295	NC	К				iacility.		8/2023
347	NC		Observed scoops without har Observed no hand towels at h					rected
413	NC	R	Observed hole in back screen do			ir	<u> </u>	Tecleu
413	INC	1	Observed Hole III back screen do	001 1	ir need or repa		01/1	8/2023
							017	0/2020
Received by	(name and	l title p	orinted):		reted by (name and title pr	rinted):		
Received by	(signature):		Inspec	cted by (signature):			
cc:			сс:	<u> </u>		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					_		
	'S BA		(TAYLOR MICHAELS INC)	Telephone Number (812-482-9694)	Date of Ins (mm/dd/yr 07/07)	110 #
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812 ⁻⁶³ 9-3488	01/01	72022	
Owner MICH	AEL E	3E(CK	Purpose: Routine	Follow-uj		te Date 17/2022
	JACK	SC	ON ST. , JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C	AĔL E			Pre-Operational Temporary			1 _R 1
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Michea			/15/2023	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
130	NC	R	Facility has no designate	ed hand sink		01/0	09/2023
			**Manager states that previous hea	Ith inspector allow	ed 3		
			compartment sink to be used	•	5 u 5		
			compartment sink to be used	as a nana sinik			
Received by	(name and	title p		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			SARS PIZZA	812-556-5005	07/29/2	2022	127
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	618-928-1601	0172372	-022	
Owner ROGE	ER AN	1D	JANET AKERS	Purpose: Routine	Follow-up		se Date 08/2022
Owner's Ac			<u> </u>	Follow-up	Summary of		
PO BO	OX 20)3,	LAWRENCEVILLE, IL, 62439	Complaint	•		
Person in C	Charge			Pre-Operational	$_{\rm C}$ U	NC_	
roger				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addii	tional page)
Certified Fo			RS EXP. 1/19/22	Other (list)	102	<u>)</u> 3 <u>©</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Сс	orrected By
218	NC	R	Observed double glass door on side o	f walk-in cooler to h	nave a	01/3	30/2023
			broken seal and in need of	a new gasket.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme MAIN		۸ ۱۷	EDV	Telephone Number () Establishment	Date of Insp (mm/dd/yr)	ection	ID#	
				Establishment	07/27/	2022	134	
			mber and street, city, state, zip code) ON STREET, HUNTINGBURG, IN, 47542	⁽ 270-231-7478				
Owner JIM M	AIN			Purpose: Routine	Follow-up		e Date 06/2022	
Owner's Ac					_			
		NG	TON ST, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary o			
Person in C	_			Pre-Operational	C	NC_	$\frac{2}{R}$	
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)	
				HACCP Other (list)				
Certified Fo			N EXP. 1/19/22		1 2	<u>3</u> C	<u> 4050</u>	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
346	NC		Observed no hand soap at hand was	hing sink by donut	fryer.	01/2	27/2023	
296	С	R	Observed severe buildup of dust/dirt/debris	served severe buildup of dust/dirt/debris on donut cases, floors and				
			walls throughout the	walls throughout the facility.				
310	NC	R	Observed severe buildup of dust/dirt/deb	ris on vents and in r	eed of	01/2	27/2023	
			service on fryer exhaus	st system.				
Received by	(name and	title	,	Inspected by (name and title pr	rinted):			
				Kymberlee				
Received by	(signature)):		Inspected by (signature):				
cc:			сс:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm MAM		3 I	TAILIAN STEAK HOUSE	Telephone Number (812-661-6093)	Date of Ins (mm/dd/yr) 07/23		135
Establishm 320 E	ent Addres . 4TH	ss (nu S	mber and street, city, state, zip code) T., HUNTINGBURG, IN, 47542				
Owner BRAN	IDON	A(CLES	Purpose: Routine	Follow-up No		se Date 02/2022
	. 4TH	S	Γ., HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C BRAN	IDÓN			Pre-Operational Temporary	<u>c_U</u>	NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For			2024	Other (list)	1 2	<u></u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	DNAL		'S #25169 (Jasper North)	Telephone Number (812-634-6212	Date of Ins (mm/dd/yr		137	
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546					
Owner SUSA	N & F	RIC	CK MANN	Purpose: Routine	Follow-uj		ne Date 08/2022	
	Fox H	loll	ow Ct, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation		
Person in C	da W			Pre-Operational Temporary	C	NC_2	<u>R_I</u>	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	pe (See addii	tional page)	
Certified Fo			nan 3/21/2025	Other (list)	102	<u>3</u>	0_4 0_5	
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
433	NC	R	Observed mops not being	g hung to dry.		Co	rrected	
257	NC		Observed no temperature measuring de	Observed no temperature measuring device in milk fridge behind				
			order counter	•				
295	С		Observed soft serve machine to have i	mold buildup from e	excess	08/0	08/2022	
			moisture and in need o	f cleaning.				
						1		
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 3994 \ Owner JAME Owner's Ac	KLEY ent Addres W 180 S AN ddress . 8th 3	os (nu DN D[AND SONS, INC. mber and street, city, state, zip code) I, JASPER, IN, 47546 DAVID MERKLEY JASPER, IN, 47546	Telephone Number (812-482-7020 (812-630-5659) Purpose: Routine Follow-up Complaint	Date of Insperimental Market (mm/dd/yr) 07/28/2 Follow-up NO Summary of	2022 Releas 08/	
JAME Responsible	SAN		DAVID MERKLEY	Pre-Operational Temporary	Menu Type		
_				HACCP Other (list)		$)_3 \bigcirc$	
Certified For Michael			exp. 4/15/2024		12_	<u> </u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				
• VIOLATIO Section#	ON(S) REPE	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	JMMARY OF VIOLATIONS" AN			BELOW AS "R" orrected By
Section#	CINC	K	No Violations observed at ti	me of inspection		о ве сс	nrected by
			The violations about the avia				
Received by	(name and	title p	printed):	Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		CO		Telephone Number (812-482-5263)	Date of Ins (mm/dd/yr	o)	ID# 141	
			mber and street, city, state, zip code) TRASSE, JASPER, IN, 47546	(44)Owner	07/18	/2022		
		ΆΝ	N FLORES	Purpose: Routine	Follow-up No		e Date 28/2022	
Owner's Ac		1 S	STRASSE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_	
Person in Co	harge			Pre-Operational	c_1	$_{\rm NC}$	<u></u>	
Responsible				Temporary HACCP	Мепи Тур	oe (See addit	ional page)	
Certified Fo	ood Handle	er		Other (list)	102	<u></u>) ₄ <u>O</u> 5 <u>O</u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
189	С		Observed prepared foods (meat, beans, sa	auces) being cooled a	at room	07/2	28/2022	
			temperature in large	e pans.				
217	NC		Observed foods being stored in freez	bserved foods being stored in freezer and reach in cooler in				
			unapproved containers (g	rocery bags).				
346	NC	R	Observed jug of juice being chille	ed in ice in bar are	a.	01/1	8/2023	
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ction	ID#
			'S PIZZA	⁽ 812-482-1166	(mm/dd/yr) 07/29/2	2022	158
			mber and street, city, state, zip code) 231, JASPER, IN, 47546	⁽ 812 ⁻ 280-1101	0172372	1022	
Owner CHC E	ENTE	RF	PRISES INC	Purpose: Routine	Follow-up NO		ne Date 08/2022
Owner's Ad		т	STE 3A, JEFFERSONVILLE, IN, 47130	Follow-up	Summary of	Violation	1S:
Person in C) I .,	STE SA, JEFFERSONVILLE, IN, 47 130	Complaint	\mathbf{O}	() ()
ANDR		_Uł	KE	Pre-Operational	c	NC_	<u>R</u>
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addii	tional page)
Certified Fo	177 11			Other (list)	.0.0	$)_3$	\bigcap_{i}
			xp. 5/7/2024		102	<u></u>	<u>/4030</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme RULE		26′	1	Telephone Number (812-481-0030	Date of Ins (mm/dd/yr	j	то# 168
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) TREET, JASPER, IN, 47546	615-232-9812	07/29	12022	
Owner			IITED PARTNERSHIP I	Purpose:	Follow-up		e Date 08/2022
Owner's Ac	ddress		03, NASHVILLE, TN, 37230	Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge		EPERS	Pre-Operational	c_1	NC_	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ		tional page)
Certified Fo			10-30-2024	Other (list)	102	<u>•</u> 3 <u>C</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
		ATEL	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				rrected By
433	NC	R	Observed mops not being	g hung to dry.		01/3	30/2023
295	С		Observed buildup of dust/dirt/debris on f	fans in walk-in dairy	cooler.	08/0)8/2022
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

E (111 1	4 3 Y			T 1 1 N 1	D / CI		TD #
SANI SANI		PF	ROCESSING	Telephone Number (812-481-0044	Date of Ins (mm/dd/yr 07/18)	170
			mber and street, city, state, zip code) ROAD 164, CELESTINE, IN, 47521	⁽ 812-481-0044	07/10	12022	
Owner CHRIS	S, Ra	ndy	y, Kent SANDER	Purpose:	Follow-up No		se Date 28/2022
Owner's Ac 1121 N		VE	R LAKE RD, JASPER, IN, 47546	Follow-up Complaint		of Violation	_
Person in C	_			Pre-Operational	$_{\rm C}$	NC_	0_{R}
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Amy B			5/12/2026	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				-			
Received by	(name and	title	printed):	Inspected by (name and title pr	inted):		
Received by	(name and	i uuc j		Kymberlee	inicu).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					T		
	HER		NDIANA BUTCHER SUPPLY	Telephone Number (812-998-2277	(mm/dd/yr	Date of Inspection $(mm/dd/yr)$ 1 10 # 1	
			nber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	614-209-6767		12022	
Owner MARK	(PUN	ID		Purpose: Routine	Follow-uj No		e Date 23/2022
	S Clul	b R	d, Ferdinand, IN, 47532	Follow-up Complaint	Summary	of Violation	_
Person in C	PUN			Pre-Operational Temporary	_c_ U		$\frac{0}{R}$
Responsible	e Person's	E-mai	1	НАССР	Menu Typ	e (See addi	tional page)
Certified For Mark F			. 03/02/2027	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	ND IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	I (name and	title p	printed):	Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		371	170 -Lakshmi Inc. (@ Wal-Mart)	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	(812-634-9898	07/29/	2022	186
			ON STREET, JASPER, IN, 47546	⁽ 812-661-9658			
Owner RINA	AND	PR	AVEZ SHARMA	Purpose: Routine	Follow-up No	Releas	e Date 08/2022
Owner's Ac				Follow-up	Summary o	f Violation	ns:
		AR	LES STREET, JASPER, IN, 47546	Complaint	ر م		` ^
Person in C	harge AND	PR	AVEZ SHARMA	Pre-Operational	c_ U	NC_	J _R U
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$	$)_4\bigcirc_5\bigcirc$
Pravez	z Shar	ma	exp. 1/20/2026			<u> </u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		-	To Be Co	orrected By
			Observed no violations at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

E (111 1	4.35				D (CI		TD #
Establishme SUBW		our	nds Enterprises Inc. (Huntingburg)	Telephone Number (812-683-4141	Date of Ins (mm/dd/yr 07/27)	1D# 187
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 812-631-1636		12022	
Owner TERE	SA A	BO	DUNDS	Purpose:	Follow-up No		e Date 06/2022
Owner's Ac		ne (Ct, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C		ınd	c	Pre-Operational	$C_{\rm C}$	$_{\rm NC}$	$\frac{1}{R}$
				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			NDS EXP 7-27-2023	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			·
Received by	(name and	title p		Inspected by (name and title position Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm V.F.V		S.	T #673	Telephone Number 812-483-9682	Date of Ins (mm/dd/yr	j	ID# 204
			mber and street, city, state, zip code) St., JASPER, IN, 47546	⁽ 812-482-5010	07/11	/2022	
Owner MEME	BERS	O	F CLUB	Purpose:	Follow-up		e Date 21/2022
Owner's Ac 3131 N		10	N STREET, JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C		1		Pre-Operational Temporary	C	NC_	0_{R}
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For NANC			11/21/2025	Other (list)	102	<u>3</u>	04050
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		= N	S #10340	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-481-1513	07/27/	2022	206
			ON STREET, JASPER, IN, 47546	⁽ 84 7 -527-4208			
Owner WAI (-	RFF	NS	COMPANY	Purpose: Routine	Follow-up		e Date 06/2022
Owner's Ad			7.141	Follow-up	Summary o		
P.O. E	30X 9	01	, DEERFIELD, IL, 60015	Complaint		_	
Person in C	harge			Pre-Operational	$_{\rm C}$ ${\rm U}$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
Elizab				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	ar.		Other (list)	1()2(•)3($)_4\bigcirc_5\bigcirc$
Exemp		-			1	<u></u>	<u> 1030</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme WALN		T #	‡870	Telephone Number (812-634-1233	Date of Ins (mm/dd/yr))	ID# 207
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(4-)Owner 4 000 4	07/29	/2022	
		ΓS	TORES EAST, LP	Purpose:	Follow-up		e Date 08/2022
Owner's Ad 702 SW 8		EET	, DEPT 8916, BENTONVILLE, AR, 72716-0500	Follow-up	Summary	of Violation	
Person in C		ΓS	TORES EAST, LP	Complaint Pre-Operational	c_0	NC_	$\frac{2}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addit	tional page)
Certified Fo			ENBERG 3/9/2022	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative				orrected By
409	NC		Observed missing ceiling tile in bakery				30/2023
342	NC		Observed hand sink in meat room to	not have any hot	<i>w</i> ater.	01/3	30/2023
Received by	(name and	title p		Inspected by (name and title pr Kymberlee	inted):		
Received by	(signature)):		Inspected by (signature):			
cc:					cc:		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	DY'S		83680 mber and street, city, state, zip code)	(8	12-367-0594	Date of Ins (mm/dd/yr)		ID# 209
			TREET, FERDINAND, IN, 47532	`5	62-425-1402			
		YT8	Y CORPORATION	<u> </u>	rpose: Routine	Follow-up		e Date 23/2022
Owner's Ac		ΛТΙ	E AVE. STE 200, CYPRESS, CA, 90630		Follow-up	Summary	of Violation	ns:
Person in C		<u> </u>	L AVE. 31E 200, CTF NESS, CA, 90030	느	Complaint	$_{\rm c}$ 1		$\frac{2}{R}$
Rhond				=	Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-ma	il	=	Temporary HACCP	Menu Typ	e (See addi	tional page)
					Other (list)	.0.	\bigcirc	\bigcirc
Certified Food Handler Rhonda WHITE exp 4/11/2023						1 2	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
295	С	R	Observed ice build up on fan in star	าd เ	up freezer by fry	ers.	07/2	25/2022
297	NC		Observed dust/dirt/debris buildup on fan al	voc	e first drive thru w	indow.	01/1	3/2023
347	NC		Observed no hand towels at either	ha	nd washing stat	ion.	01/1	3/2023
Received by	(name and	title p			ected by (name and title pr	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			сс:			cc:		



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Establishm YOUN		ΞN	'S INSTITUTE COUNCIL #497	Telephone Number (812-683-2497)	Date of Ins (mm/dd/yr)	1D# 216
			mber and street, city, state, zip code) N STREET, HUNTINGBURG, IN, 47542	⁽ 812-683-2497	07/08	/2022	
Owner MEME	BERS	0	F YMI CLUB	Purpose:	Follow-uj		ne Date 18/2022
	3OX 5	55,	HUNTINGBURG, IN, 47542	Follow-up Complaint		of Violation	
Person in C		۱T	ERS	Pre-Operational Temporary	c_1	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Foundation			RS exp 12/17/2025	Other (list)	102	<u>3</u>	<u>4</u> 050
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
177	С		Observed onions and box of breading or	the floor in walk-in	cooler.	07/	8/2022
Received by	(name and	title j		Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
Treceived by	(SIBHULUIO)	,.		inspected by (signature).			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm Dolla		ner	al Store #18995	Telephone Number (812-329-2285)	Date of Insp (mm/dd/yr)		1D# 304
			mber and street, city, state, zip code) t., Huntingburg, IN, 47542	615-855-4000	07/27	/2022	
Owner Dolge				Purpose:	Follow-up		se Date 06/2022
Owner's Ac	ddress		t., Huntingburg, IN, 47542	Follow-up Complaint	Summary		_
Person in C	harge		, g g, ,	Pre-Operational	$_{\rm c}$ 1	NC_	$\frac{1}{R}$
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP Other (list)	-		\bigcirc
Certified For Excent		er			1 2	<u>3</u> C	<u> 1405</u>
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
144	С	R	Observed severely dented cans of	on the shelf for reta	ail.	Co	rrected
]						
Received by	(name and	title p	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		
Ī			I				



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Establishm		TC	·	Telephone Number (812-430-6125) Date of Instance (mm/dd/yr				ID# 311
	WINGS, ETC Stablishment Address (number and street, city, state, zip code)					07/11	/2022	311
			TON, JASPER, IN, 47546	8	12-430-6125			
Owner	ا م مدر ما	۔ ما	· · ·		rpose:	Follow-up		
manis		no	tra	~	Routine	No		21/2022
Owner's A	ddress				Follow-up Complaint		of Violation	
Person in Charge					Pre-Operational	$_{\rm C}$	NC Z	$\frac{2}{R}$
Taylor Truitt					Temporary			
Responsible Person's E-mail					НАССР	Menu Typ	e (See addii	ional page)
Certified Food Handler					Other (list)	$1\bigcirc 2$	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
THERESA COULTAS 3/27/2025						<u></u> -	<u> </u>	. <u> </u>
• CRITICAI	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
187	С		Observed refrigerator with wings by	frye	er not holding pr	oper	07/2	21/2022
			temperature; reading 52.5 deg	ree	es Fahrenheit.			
204	С		bserved cooler under prep table on cook line to be leaking with					21/2022
			soiled water standing on	bot	tom shelf.			
217	NC	R	Observed several broken contain	ner	lids on prep line	Э.	01/1	1/2023
218	NC		Observed a broken door gasket on dou	ble	door freezer by	fryers.	01/1	1/2023
			-		-			
			**New GM is working on verifying Fo	000	Protection Mar	nager		
			Certificate**					
Received by	(name and	title p		-	ected by (name and title pr	inted):		
				K y	ymberlee			
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe	ection	ID#
FAST	TRA	<u>C</u>	< 500	917-369-0746	(mm/dd/yr) 07/27/2	2022	325
			mber and street, city, state, zip code)	(91 7 -369-0746	01/21/2	2022	
	N. IVIA	V	ST., HUNTINGBURG, IN, 47542			_	
Owner RAJ S	SINGH	1		Purpose: Routine	Follow-up No		e Date 06/2022
Owner's Ac	ddress			Follow-up	Summary of	f Violation	18.
1307 N	I. MA	IN S	ST., HUNTINGBURG, IN, 47542	Complaint			
Person in C				Pre-Operational	CU	NC_	\mathcal{F}_{R}
RAJ S	SINGH	1			<u> </u>	110	K
Responsible	e Person's	E-mai	il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>J</u> 3 <u>C</u>	<u> 14050</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
	/						
cc:			cc:		cc:		



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					1		
Establishm FAIR		DΙ	INN & SUITES JASPER	Telephone Number 812-250-5155	Date of Ins (mm/dd/yr	j	335
			mber and street, city, state, zip code) TRE LANDING, JASPER, IN, 47546	() Owner	07/20	/2022	
Owner RIVEF	R CEI	۱T۱	RE DEVELOPERS LLC	Purpose:	Follow-uj		se Date 07/2022
Owner's Ac	ldress			Follow-up		of Violation	_
Person in C		illy		Complaint Pre-Operational	c_0	NC_	0_{R}
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			exp, 12/15/2026	Other (list)	102	<u></u>	<u>4</u> 050
		_	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	L IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	me of inspection			J
Received by	(name and	l title 1	Drinted):	Inspected by (name and title p	rinted):		
	(Christina Pie			
Received by	(signature):		Inspected by (signature):			
00:			20:		00:		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		7	11.0	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
GG'S				812-482-9006	07/22/2	2022	384
			mber and street, city, state, zip code) I STREEET, JASPER, IN, 47546	⁽ 812-630-8538	0172272	.022	
Owner KYLA	GOL	LE	R	Purpose: Routine	Follow-up NO		e Date 01/2022
Owner's Ad				Follow-up	Summary of	Violation	ns:
) VV	, JASPER, IN, 47546	Complaint	\cap	() (
Person in C		LE	R	Pre-Operational Temporary	c_ U	NC_	P R U
Responsible	Person's	E-ma	il	HACCP	Menu Type	(See addii	tional page)
C de le	177 11			Other (list)	.0.0	$)_3$	\bigcirc
Certified Fo			ER 9-17-23		102	<u></u>	4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	rrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
		_					
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		A B	AED./	Telephone Number	Date of Ins (mm/dd/yr		ID#
ZAX (812-482-7069	07/29		389
			mber and street, city, state, zip code) N ST. SUITE C, JASPER, IN, 47546	⁽ 812 ⁻ 787-1996	01720	2022	
Owner	۸DV	CE	RABER	Purpose:	Follow-up		e Date 08/2022
Owner's Ad		Gr	RADER	Routine			
		E,	, MONTGOMERY, IN, 47558	Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge			Pre-Operational	c	NC_	$\frac{1}{R}$
ZACH Responsible			RABER	Temporary	M T	/G 11:	· 1
Kesponsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See aaai	tional page)
Certified Fo			-D 00/47/0000	Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
			ER 09/17/2023				
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
295	С		Observed buildup of dust/dirt/debris on fre	ezers vents in back s	storage	08/0)8/2022
			room.				
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishm		^ ¬		Telephone Number	Date of Ins (mm/dd/yr)		ID#
			TARTISAN ALES	812-639-1868	07/23	/2022	406
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-639-1868			
Owner JEFF	SCHI	PP		Purpose: Routine	Follow-up No		Date 02/2022
Owner's Ac				Follow-up	Summary	of Violation	ns:
		Ε,	FERDINAND, IN, 47532	Complaint		() (
Person in C		PP		Pre-Operational Temporary	c_U	NC_	P R U
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e <i>(See addi</i>	tional page)
C . C IE	177 11			Other (list)	1 - 0	\bigcirc_3 (\bullet	\bigcirc
Certified Fo			PP exp. 10/14/2024		1 2		74050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tin	ne of inspection			
Received by	(name and	title r	printed).	Inspected by (name and title p	rinted)·		
-10001104 by	(mine und	p		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme	ent Name			Telephone Number	Date of In (mm/dd/y		ID#
Fry'D				812-684-9449	`	3/2022	409
			mber and street, city, state, zip code) it., Huntingburg, IN, 47542	⁽ 812-309-0235		12022	
Owner			g g	Purpose:	Follow-u		se Date
Trace	y Pric	е		✓ Routine	No	07/	18/2022
Owner's Ad				Follow-up	Summary	of Violation	ns:
514 Ja	ackso	n S	St. , Jasper, IN, 47546	Complaint	1		
Person in C	harge			Pre-Operational		NC_	$\bigcup_{\mathbf{p}} \mathbf{U}$
Trace	y Pric	е			<u> </u>	. 110	K
Responsible	e Person's	E-mai	il	Temporary	Menu Ty	pe <i>(See addi</i>	tional page)
				НАССР		\bigcirc \subseteq	
Certified Fo				Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4<u>U</u>5<u>U</u></u>
Jared '	Weise	eit 2	<u>2024 </u>				
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С		Observed a box of lettuce on the f	floor in walk-in cod	ler.	07/1	18/2022
						1	
						<u> </u>	
						<u> </u>	
						<u> </u>	
Received by	(name and	title p	printed):	Inspected by (name and title p	orinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme			NERAL STORE 22655	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	930-233-0350	07/18	2022	434
			NE RD. S, CELESTINE, IN, 47521	615-855-4000			
Owner DOLG	ENC	OR	RP, LLC	Purpose:	Follow-up		e Date 28/2022
Owner's Ad		<u> </u>	,	Follow-up			
		RII	DGE, GOODLETTSVILLE, TN, 37072	Complaint	Summary	of Violation	1S: 1
Person in C		OR	RP, LLC	Pre-Operational	C	NC_	J _R I
Responsible			•	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\sim	
Certified Fo		er		Other (list)	1 2	<u> </u>	<u>)4</u> 050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С	R	Observed expired orange juice and half ar	nd half on the shelf fo	r retail.	07/2	28/2022
Received by	(name and	title :	orinted):	Inspected by (name and title pr	rinted):		
received by	(manne and		,	Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm				Telephone Number	Date of Ins		ID#
SANI	DER	F٨	MILY MEAT MARKET	812-326-1001	(mm/dd/yr	,	437
			mber and street, city, state, zip code) TREET, SAINT ANTHONY, IN, 47575	(04 90 MIGG 4004	07/18	/2022	
Owner KENT	SAN	DE	ER	Purpose: Routine	Follow-uj		e Date 28/2022
Owner's Ac 4757		Tra	ail, Huntingburg, IN, 47542	Follow-up	Summary	of Violation	_
Person in C	Charge			Complaint Pre-Operational	$C_{\rm C}$	NC_($\frac{0}{\mathbf{R}}$
Responsible				Temporary	Menu Tyr	e (See addi	tional page)
				НАССР			
Certified F			AS 5-12-2026	Other (list)	1 2	<u>3</u>	<u>14050</u>
• CRITICAI	L ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
Received by	(manic alic	HILL		Kymberlee	inica).		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		
			1				



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Establishme		\ I		Telephone Number	Date of Ins (mm/dd/yr		ID#
			arcuterie, LLC	270-570-5731		, /2022	439
			mber and street, city, state, zip code) Huntingburg, IN, 47542	(270-570-5731	07700	12022	
Owner			1	Purpose:	Follow-u		se Date
Chelse		anc	<u>)</u>	Routine	No	07/	16/2022
Owner's Ad 7191		W	, Huntingburg, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C				Pre-Operational	CU	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
Chelse				Temporary	C		
Responsible	Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)		\bigcirc_3	
Certified Fo	ood Handle	er			1 <u>U</u> 2	<u> </u>	<u>/4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			**Spoke with manager at Huntingbu	rg Country Club ar	nd no		
			production has been done onsite to	warrant an inspect	ion.**		
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
			ens Jasper	773-759-9827	07/15		458
			mber and street, city, state, zip code)	⁽ 773-759-9827		2022	
	un C	الاار	b Rd, Jasper, IN, 47546			T	
Owner Barry	Dunlo	n		Purpose:	Follow-up		e Date 25/2022
Owner's Ac		<u>γ</u> Ρ		 			
		Clul	o Rd, Jasper, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C			, , ,	Pre-Operational	$\int_{C} U$	$_{\rm NC}$) , ()
Barry	Dunk	p		Temporary	C	NC	N
Responsible	e Person's	E-mai	1	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	\Box	\bigcirc_3	$\bigcap \bigcap$
Certified For Barry [$1 \bigcirc 2$	<u>3</u> C	<u> 405</u>
	•		NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(nom 1	4;41 -	winted).	Inspected by (name and title p	mint ad \:		
Received by	(name and	ине р	,	Christina Pic			
Received by	(signature)):		Inspected by (signature):			
•	- /			- · · · · · · · · · · · · · · · · · · ·			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm AMER		LE	GION POST 124 (FERDINAND)	Telephone Number 812-367-1241	Date of Ins (mm/dd/yr)	1D# 2
Establishm 425 M	ent Addres	ss (nu STF	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(10wner	09/23	/2022	
Owner MEME	BERS	0	F CLUB	Purpose:	Follow-up		ne Date 03/2022
Owner's Ac		STF	REET, FERDINAND, IN, 47532	Follow-up Complaint		of Violation	_
Person in C Kariss		hle	der	Pre-Operational Temporary	c_1	NC_) _R 1
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For			exp 06/20/2024	Other (list)	102	<u>3</u>	0_4 0_5
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
204	С	R	Observed water pooling in the bottom of re	each in beer coolers	behind	10/0	03/2022
			bar causing mold to	grow.			
Received by	(name and	title j		Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 408 M Owner Williar	R Table, LLC Establishment Address (number and street, city, state, zip code) 408 MAIN STREET, JASPER, IN, 47546 Owner William "Tyler" Reynolds Owner's Address Follow-up Summ'd 09/ 812-653-2840 Routine Follow-up Follow-up							
275 Riv	ver Ce	nte	er Lnd APT 329, Jasper, IN, 47546	Follow-up Complaint	Summary of	_	_	
Person in C Willian		ler'	' Reynolds	Pre-Operational Temporary	c_ U	NC	<u> </u>	
Responsible	e Person's l	E-mai	1	НАССР	Menu Type	See addit	tional page)	
Certified Fo	ood Handle	er		Other (list)	1 2	<u>)</u> 3 <u> </u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			AD A TEN TO	DEV OW 18 (PP	
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU! Narrative	MMARY OF VIOLATIONS" AN			orrected By	
Section	C/TC	IX	No violations observed at tim	ne of inspection.		o be co	Treeted By	
			The violations about the drain	io or moposition				
			OK to operate	9.				
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
CATE	ERIN	G I	BY MEYER	812-367-1690	20		
			mber and street, city, state, zip code) TE RD 162, HUNTINGBURG, IN, 47542	⁽ 812-367-1690	03/13/2	2022	
Owner			N. O. JADED EEL TAIED	Purpose:	Follow-up		e Date
)	N & JARED FELTNER	✓ Routine	No		29/2022
Owner's Ad 6655 S		RD	162, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary of	Violation	ns:
Person in C)\/\	N & JARED FELTNER	Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP	\sim ϵ	\ G	
Certified For JARED			ER exp. 7/18/2022	Other (list)	1 2	<u>)</u> 3 <u>©</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No violations observed at time	ne of inspection.			
D 11	. (4241		Transactable (100	-i4- 3\		
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	intea):		
Received by	(signature)):		Inspected by (signature):			
201			1		201		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm			E DI 100	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			E BLISS	812-482-1617	09/09/	2022	32
			mber and street, city, state, zip code) REET, JASPER, IN, 47546	⁽ 812-631-0190		2022	
Owner ANN I	(NIES	3		Purpose:	Follow-up No		se Date 19/2022
Owner's Ac			NE 1400ED IN 47540	Follow-up	Summary o	f Violatio	ns:
		L	NE, JASPER, IN, 47546	Complaint	\cap	() (
Person in C	KNIES			Pre-Operational Temporary	C_ O _	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified F	ood Handle	210		Other (list)	10°	7,6),()_5()
			9/27/2026		1 22	<u></u>	<u> </u>
		_	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed dur	ing inspection.			
Received by	(name and	title j	printed):	Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	OINA ent Addres	s (nu	D-TOWN SUNOCO #59	7500	Telephone Number (812-367-2666) (513-367-9905)	Date of Ins (mm/dd/yr) 09/23)	1D# 40
Owner HAWKS	TONE		REET, FERDINAND, IN, 47 SOCIATES INC/DBE TRIUMPH EN		Purpose:	Follow-up		e Date 03/2022
Person in C	ORY F Charge STONE	ASS	RK RD, HARRISON, OH, 45 SOCIATES INC/DBE TRIUMPH EN	Follow-up Complaint Pre-Operational Temporary HACCP	c_1	NC	R O	
Certified Fo			9-11-2023	Other (list)	1 2	<u></u>	04050	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COL FROM PREVIOUS INSPECTIONS ARE DENOTED IN T			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrat	ive			To Be Co	rrected By
					bassan an tha shalf far	r rotoil		·
192	С		Observed expired lunch meat, eggs,	and	bacon on the shell lo	retail.	10/0)3/2022
Received by	`		orinted):		Inspected by (name and title pr Kymberlee	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme)-I	NTERSTATE SUNOCO #60	Telephone Number	Date of Ins (mm/dd/yr		ID# 41
			mber and street, city, state, zip code)	(812-367-1138	00/20	3/2022	41
			REET, FERDINAND, IN, 47532	⁽ 513 ⁻ 367-9900			
Owner	TONE	۸۹	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-u		e Date 03/2022
Owner's Ac		AS	SOCIATES INCIDBE TRIUMEN ENERG	rio u em c			
		- O	RK RD, HARRISO, OH, 45030	Follow-up Complaint	Summary	of Violation	
Person in C				Pre-Operational	$_{\rm C}$ 3	NC_	I_{R} 3
Lorina				Temporary	M T	/C 11:	. 7
Responsible	e Person's	Ŀ-ma	II	НАССР	Menu Tyj	oe (See addit	ional page)
Certified Fo	ood Handle	er		Other (list)	10^{2}	\bigcirc_3 \bigcirc	$0_{4}O_{5}O$
serena	camp	obe	ell 7-15-2025				
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	С	R	Observed boxes being stored on the	floor in walk-in co	olers.	10/0)3/2022
144	С	R	Observed several dented cans o	n the shelf for reta	ail.	Coi	rrected
295	С	R	Observed buildup of dust/dirt/mold on m	nilk racks in walk-in	cooler.	10/0	3/2022
Received by	(name and	title		Inspected by (name and title p	orinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm COM		ΤI	NN FERDINAND	Telephone Number (812-998-2121	Date of Ins (mm/dd/yr 09/23)	ID# 47
			mber and street, city, state, zip code) LS COURT, FERDINAND, IN, 47542	⁽ 812-998-2121	09/23	12022	
Owner K-4 IN	IVES ⁻	ΤМ	ENTS LLC	Purpose: Routine	Follow-uj No		ne Date 103/2022
Owner's Ad 3479 LAW		ILLE	SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024	Follow-up	Summary	of Violation	
Person in C		_		Complaint Pre-Operational	$ _{c} 0$	NC_($\binom{1}{R}$
Corinr	ne Ka	nıa					
Responsible	e Person's	E-ma	il	Temporary HACCP	Мепи Тур	e (See addi	tional page)
Certified For		er		Other (list)	102	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	ITEMS AF	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection			•
			140 Violations observed at tim	io or irropootion.			
		L					
Received by	(name and	title p		Inspected by (name and title position Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			ce:		cc:		
I					•		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	PHA		MACY #6878 (JASPER)	Telephone Number (812-482-3300	Date of Insp (mm/dd/yr)		1D# 50
			mber and street, city, state, zip code) H STREET, JASPER, IN, 47546				
Owner HOOK	(- SL	JPE	ERX, LLC.	Purpose: Routine	Follow-up No		se Date 19/2022
Owner's Ac		, M	AIL CODE #1160, WOONSOCKET, RI, 02895	Follow-up Complaint	Summary		
Person in C Trinity	_	fiel	d d	Pre-Operational	c	NC_	$\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible				Temporary HACCP	Menu Type	e (See addi	tional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u></u>	<u>4</u> 050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				•			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted).		
	\ <i>una</i>			Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme FLEIC		 Al	 FÉ	Telephone Number (812-367-1310	Date of Ins (mm/dd/yr)	ID# 77
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(a.)Owner a	09/23	/2022	
	AIIV S	<u>) [</u>	REET, FERDINAND, IN, 47552			15.	
Owner ROBE		<u> </u>	ΓΕΝ	Purpose: Routine	Follow-up No		03/2022
Owner's Ad		Ξ, Γ	FERDINAND, IN, 47532	Follow-up Complaint	Summary	of Violation	is:
Person in C	harge	·	, ,		$\begin{bmatrix} 1 \end{bmatrix}$	NC () , 1
Kevin	Kline			Pre-Operational	L	NC	K
Responsible	Person's	E-mai	il	Temporary	Menu Typ	e (See addit	tional page)
				HACCP			
Certified For Karen			exp 12/7/2026	Other (list)	1 <u></u> 2	<u></u>	<u>/4</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	С	R	Observed excess buildup of dust/dirt/deb	ris on exhaust hood	above	10/0)3/2022
			fryers.				
			,				
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		71 1 1		Telephone Number	Date of Insp (mm/dd/yr)		ID#
			R SPORTS BAR AND GRILL mber and street, city, state, zip code)	812-481-2400	03/01/	2022	87
			D. 164, CELESTINE, IN, 47521	⁽ 812-639-8753			
Owner JEREI	MY B	ЕТ	Z	Purpose: Routine	Follow-up No		17/2022
Owner's Ad		/FR	R LAKE RD., JASPER, IN, 47546	Follow-up	Summary o		_
Person in C				Complaint	l. 0	NC_	, O
JEREI		ΕT	Z	Pre-Operational		NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	: (See addii	tional page)
				Other (list)	$ \bigcirc \langle$		
Certified For Ethan			xp. 01/26/2024		12_	<u>3</u>	<u>/4050</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
351	NC		Observed trash cans without lids i	in women's restroc	m.	03/0	7/2023
Received by	(name and	title p		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
				·			
cc:			cc:		cc:		



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Establishm MIDV		Γ	CAFÉ & MARKET	Telephone Number (812-482-5115	Date of Ins (mm/dd/yr)	10# 142
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(0.4.)Owner 0.000=	09/09	/2022	
Owner ROLA	NDA	G/	ABHART	Purpose:	Follow-up		e Date 19/2022
Owner's Ac 1250		IN	STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	CAS		DY-GABHART	Pre-Operational Temporary	<u>c_U</u>	NC_	
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified F			RTZ EXP 3/15/2026	Other (list)	1 2	<u>3</u>	4050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	ALAF ent Addres MAIN	ss (nu S7	NO INC. mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542 REZ	Telephone Number (812-683-4048 (706-224-9912 Purpose: Routine	Date of Ins (mm/dd/yr 09/09 Follow-uj	/2022 Releas	148 148 se Date 19/2022
Owner's Ac	ddress			✓ Follow-up		of Violation	
		Dri	ve, HULL, GA, 30646	Complaint		_	
Person in C		МІ	RF7	Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For Javier			Z EXP. 1/21/2026	Other (list)	1 2		<u>/4</u> <u>5</u> <u>5</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"	l		
• VIOLATIO	ON(S) REPE	ATEE	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Completed follow-up inspection and	•			
			Owner provided latest pest inspection re	eport and is having	facility		
			inspected on a monthly bas	sis at this time.			
Paggive 11	/ (noma 1	+j+1 -	printed):	Inspected by (name 1 +i4)	rintad):		
Received by	(name and	utie j		Inspected by (name and title properties) Kymberlee	imtea):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm			AND OBILL	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			AND GRILL	812-367-1250	09/23/	2022	151
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 812-661-2636	00/20/	2022	
Owner		\sim	NDED.	Purpose:	Follow-up		e Date
CHER		O(DPER	✓ Routine	No	10/	03/2022
Owner's Ad		IR	STREET, FERDINAND, IN, 47532	Follow-up	Summary o		
Person in C			TOTREET, LERDINAND, IIV, 47902	Complaint	\cap	NC_	\cap
CHER		O()PER	Pre-Operational	C	NC	R
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified For JOHNI			MELO EXP 8/8/21	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
204	NC		Observed buildup of dust/dirt/debris on ci	rculation fan above v	vindow	03/2	23/2023
			at end of cook line in	kitchen.			
				*			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo SUBV		‡27	76 -Sharma Inc. (@ 26th St.)	Telephone Number (812-482-4422)	Date of Ins (mm/dd/yr		то# 185
Establishmod 2506 N	ent Addres VEWT	os (nui	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	812-661-9658	09/09	12022	
Owner RINA	and f	PR	AVEZ SHARMA- SHARMA INC	Purpose: Routine	Follow-up No		te Date 19/2022
Owner's Ac 3289 \$		HΑ	RLES, JASPER, IN, 47546	Follow-up Complaint	-	of Violation	_
Person in C		PR	AVEZ SHARMA- SHARMA INC	Pre-Operational	c_1	NC_	<u>J</u> R_U
Responsible	e Person's	E-mai	il	Temporary HACCP	Мепи Тур	e (See addi	tional page)
Certified For 1/20/20		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
438	С		Observed chemical spray b	ottle not labeled.		Co	rrected
Received by	(name and	title p	orinted):	Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm		Δ١	'ES MEXICAN GRILL	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	(812-998-2033	09/23	/2022	200
			Г., FERDINAND, IN, 47532	⁽ 812-899-1289			
Owner	DLFO	IV.	AN AYALA	Purpose: Routine	Follow-uj		e Date 03/2022
Owner's Ac	ddress			Follow-up	Summary	of Violation	
		101	NT DRIVE, VINCENNES, IN, 47591	Complaint	-	_	
Person in C		ZQ	UEZ	Pre-Operational	$_{\rm c}$	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	ional page)
Certified Fo	ood Handle) P		Other (list)	102	\bigcirc_3	1050
			04/08/24		1 2	<u> </u>	4030
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
173	С	R	Observed raw chicken being stored above	ready to eat foods in	walk-in	10/0	3/2022
			cooler.				
177	С	R	Observed large container of ice cream in	deep freezer in kitch	en not	10/0	3/2022
			covered.				
204	С	R	Observed buildup of dust/dirt/mold on	side of black drink	cooler	10/0	3/2022
			in kitchen prep a	rea.			
			·				
Received by	(name and	title j	,	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo PINF		GF	ELEMENTARY SCHOOL	Telephone Number (812-326-2324	Date of Inspe (mm/dd/yr)		ID# 244
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	() Owner	09/19/2	2022	244
4613	<u>5. Pin</u>	<u>e r</u>	Ridge Rd., Birdseye, IN, 47532				
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up NO		e Date 29/2022
Owner's Ac				Follow-up	Summary of	f Violation	is:
		St	t., Ferdinand, IN, 47532	Complaint	$\mathbf{\hat{\Gamma}}$	(1
Person in C		3U	TGSELL	Pre-Operational Temporary	c_ U _	NC_	<u> </u>
Responsible	Person's	E-ma	il	HACCP	Menu Type	(See addii	tional page)
				Other (list)	\bigcirc	$)_3$	\bigcap
Certified For Melind			ell exp 11/11/2022		1 <u>U</u> 2 <u>U</u>	<u>3</u> C	<u> 4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	rrected By
			No violations observed at tim	ne of inspection.			
				•			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	inted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishme	House House Iversi	s (nui de	Bed & Breakfast mber and street, city, state, zip code) Dr., Jasper, Indiana, 47546 erle	Telephone Number (614-607-2422 (614-607-2422 Purpose: Routine Follow-up	Date of Inspe (mm/dd/yr) O9/14/2 Follow-up NO Summary of	2022 Releas 09/	301 e Date 24/2022
Person in C Norma Responsible	harge A Kim	me		Complaint Pre-Operational Temporary HACCP		NC	<u>0</u> R
Certified Fo		er		Other (list)	102	<u>)</u> 3	04050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative No violations observed at tin	no of inspection]	o Be Co	orrected By
			140 Violations observed at til	ne or mapection.			
	-						
Received by			orinted):	Inspected by (name and title process) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	ORIA		HOSPITAL		Telephone Number (812-996-0519	Date of Ins (mm/dd/yr)	334
			mber and street, city, state, zip code) Г., JASPER, IN, 47546		() Owner			
Owner					Purpose:	Follow-up		e Date 23/2022
Owner's A	ddress				Follow-up Complaint	-	of Violation	
Person in C		•			Pre-Operational	$_{\rm c}$	NC_	0_{R}
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified For		er			Other (list)	1 2	<u></u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE C	COLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Nar	rative			To Be Co	orrected By
			No Violations observe	ed at tir	me of inspection			
Received by	(name and	title j	printed):		Inspected by (name and title processing Pie	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		JF	COMMUNITY CLUB	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID# 376
			mber and street, city, state, zip code)	(812-678-3631	09/07/	2022	370
			DRTH RD, CELESTINE, IN, 47521	⁽ 812-678-3631			
Owner MEME	BER	O	WNED	Purpose:	Follow-up NO		te Date 17/2022
Owner's Ac				Follow-up	Summary o	of Violation	ns:
		<u> 21</u>	, CELESTINE, IN, 47521	Complaint	\bigcap	_	
Person in C		PLI	Ε	Pre-Operational Temporary	c_ U	NC_	J _R U
Responsible	Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	od Handle) P		Other (list)	102	\bigcirc_3),(),()
HOLLY			2024		1 2 2	<u></u>	<u> 4030</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
			OK to operate).			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		11A	N SQUEEZE	Telephone Number (812-454-2501	Date of Insp (mm/dd/yr)		1D# 380
Establishme	ent Addres	s (nui	mber and street, city, state, zip code)	(a.)Owner . a = a.	09/12/	2022	300
	NEWT	<u>'O</u>	N STREET, JASPER, IN, 47546				
		NIE	EDERBERGER	Purpose: Routine	Follow-up No		e Date 22/2022
Owner's Ad		\bigcirc	N STREET, JASPER, IN, 47546	Follow-up	Summary of	of Violation	ns:
Person in C		Oi	N STREET, SASPER, IN, 47540	Complaint	a 0	,,, () , ()
		NIE	DERBERGER	Pre-Operational Temporary	[C	NC_	R
Responsible	e Person's	E-mai	il .	HACCP	Menu Type	: (See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
EXCE					1	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme AZUL		QU	ILA		lephone Number 812-482-7550	Date of Ins (mm/dd/yr	o)	тр# 385	
			mber and street, city, state, zip code) D., JASPER, IN, 47546	() Owner	09/09	/2022		
Owner SERG	io Fl	_0	RES		rpose: Routine	Follow-uj		e Date 19/2022	
Owner's Ac		R	D., JASPER, IN, 47546		Follow-up Complaint	-	of Violation		
Person in C SERG	ilŎ FL				Pre-Operational Temporary			2 _R 2	
Responsible	e Person's	E-ma	il		tional page)				
Certified Food Handler OSCAR FLORES 1/23/2025					Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
346	NC		Observed no hand soap at hand wash	ning	g sink by ice ma	chine.	03/0	9/2023	
177	С	R	Observed boxes being stored on the floo	or ir	n storage room ar	nd milk	09/1	9/2022	
			on the floor in the walk-in cooler. Obse	on the floor in the walk-in cooler. Observed several containers of					
			prepared food being stored withou	t lic	ds in walk-in cod	oler.			
409	NC		Observed several ceiling tiles missing abo	ve	dishwasher in disl	n room	03/0	9/2023	
			exposing ceiling and	w b	ires.				
173	С		Observed fish and raw eggs being stored	abo	ove ready to eat for	ods in	09/1	9/2022	
			standup fridge by cookline. Observed rav	v m	eat being stored	above			
			avocados and other ready to eat pro						
191	С	R	Observed several food items through				09/1	9/2022	
				<u>, </u>					
Received by	(name and	title p	,		ected by (name and title pr	rinted):			
Received by (signature):				_	ected by (signature):				
cc:			cc:			cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		$\overline{}$		Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Archie				812-361-2937	09/09/2	022	449
			mber and street, city, state, zip code) St., Jasper, IN, 47546	⁽ 812 ⁻ 361-2937	00,00,1		
Owner	Δ.			Purpose:	Follow-up	Releas	
Charle		chie	9	Routine		09/	19/2022
Owner's Ad		J:, ;:	isian ad Isanaa INI 47546	Follow-up	Summary of	Violation	ns:
		ועוג	sion rd., Jasper, IN, 47546	Complaint	\cap	() (
Person in C Charle	harge Arc	hie	2	Pre-Operational	c	NC_($R_{\rm R}$
Responsible				Temporary	Menu Type	See addir	tional page)
				НАССР		. ~	
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \bullet	$_{4}\bigcirc_{5}\bigcirc$
Charle	s Arcl	<u>nie</u>	exp. 2026				
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAF	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			Facility appears to be perma	anently closed			
Received by	(name and	title p		Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme THE		HE	N/MADIS MAIN SQUEEZE	Telephone Number (812-993-4100	Date of Ins (mm/dd/yr)	1D# 455
Establishmo	ent Addres	s (nu TO	mber and street, city, state, zip code) N ST, JASPER, IN, 47542	⁽ 812-993-4100	09/12	/2022	
Owner			ISON NIEDERBERGER	Purpose:	Follow-up		se Date 22/2022
	NEW	ГΟ	N ST, JASPER, IN, 47542	Follow-up Complaint	Summary	of Violation	_
	& M/		ISON NIEDERBERGER	Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			DERBERGER 3-2026	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
D' 11	. (4:41	, since the	Towns and Heaville 1970	i44)		
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rintea):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishmo		ex	ican Grill	Telephone Number (812-556-0135	Date of Inspe (mm/dd/yr)		ID# 493
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	812-330-0133	09/26/2	2022	733
520 U	S 231	l, J	asper, IN, 47546	812-229-1188			
Owner Mario	Marti	nez	Z	Purpose:	Follow-up NO		e Date 06/2022
Owner's Ac	ldress			Follow-up	Summary of	Violation	ıs.
PO Bo	ox 374	4, E	Brazil, IN, 47834	Complaint		_	
Person in C				✓ Pre-Operational	CU	NC_() _R U
Rikki I	Mathe	ne	У		C	TTC	
Responsible	Person's	E-ma	il	Temporary	Menu Type	(See addii	tional page)
				HACCP	\sim \sim	\ G	
Certified For Rikki N			exp. 8/31/2027	Other (list)	1 <u>0</u> 2 <u></u>	<u>)</u> 3 <u>(•</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	ARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAF	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tin	ne of inspection.			
			Okay to opera	te			
			Onay to opera				
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
	,	- 1		Kymberlee	,		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	ont Name			Telephone Number	Date of Ins	nection	ID#
FRATE	RNAL		RDER OF EAGLES AERIE #3335	-	(mm/dd/yr)	78
			mber and street, city, state, zip code) EEET, HUNTINGBURG, IN, 47542	⁽ 812-683-3335	10/13	/2022	
Owner FRATE	RNAL	OR	DER OF EAGLES #3335 MEMBERS	Purpose:	Follow-uj		e Date 29/2022
Owner's Ac		68	, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	harge		ELCHER	Pre-Operational	$C_{\underline{1}}$	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			er exp. 3/15/2026	Other (list)	102	<u></u>	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	С	R	Observed buildup of dust/dirt/mold on th	ne walls and fan of v	walk-in		31/2022
	_		cooler.				
199	NC		Observed frozen meat being thawed im	properly. Must be t	hawed	04/1	19/2023
	110		under running cool water or ur	• • •	a.voa	<u> </u>	0,2020
			ariaer ramming eeer water er ar	idor romgorddom.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe	ection	ID#
Lega	cy St	ea	khouse	() Establishment	(mm/dd/yr) 10/24/2	2022	498
			mber and street, city, state, zip code)	⁽ 812-309-0235	10/24/2	2022	
	iana .	Ο ι,	Jasper, IN, 47546		T 11	I n ı	<u> </u>
Owner Tracey	y Pric	е		Purpose:	Follow-up		e Date 03/2022
Owner's Ad	ldress			Follow-up	Summary of	Violation	ns:
25 Ind	iana (St,	Jasper, IN, 47546	Complaint	^		
Person in C				✔ Pre-Operational	$_{\rm C}$ ${\sf U}$	NC_) _R U
Tracey	y Pric	e		Temporary)		~
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
					\bigcirc (
Certified Fo				Other (list)	1 2	<u></u>	<u> 4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	AARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No violations observed at tin	ne of inspection.			
			OK to operat	e			
			·				
Received by	(name and	title p	orinted):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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				•			
	NA H		WAIIAN GRILL	Telephone Number (812-482-1788	Date of Ins (mm/dd/yr		то# 152
3117 N			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546				
Owner CHUN		JAI	N MU	Purpose: Routine	Follow-uj No		e Date 07/2022
	COUN	TR	Y CROSSING, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	is:
Person in C	IG YL			Pre-Operational Temporary	C_4	NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addii	ional page)
Certified Fo			exp. 1/19/2027	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
199	NC	R	Observed fish being thawed at room te	mperature instead	of with	04/2	28/2023
			running cold wa	ter.			
438	С		Observed spray bottles with cleanin	g solution not labe	eled.	11/0	7/2022
177	С	R	Observed foods not covered in walk-in fre	ezer and bags of rice	ebeing	11/0	7/2022
			stored on the floor in dry s	storage area.			
187	С	R	Observed high holding temperatures (~58F) of foods on cook pro	ep line.	11/0	7/2022
			*Recommended turning on cooler table at	t start of shift and wa	iting to		
			add foods until table comes t	to temperature.*			
345	С	R	Observed handwashing in kitchen	to have broken pi	pe.	11/0	7/2022
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

YAMA				Telephone Number (812-556-0500	Date of Ins (mm/dd/yr		то# 215
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(706-680-5719	10/20	/2022	
Owner DAVIE	DOI C	٧G		Purpose: Routine	Follow-uj		e Date 07/2022
Owner's Ac 3015		ГО	N ST, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		٧G		Pre-Operational	C	NC_S	5 _R 4
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
216	NC	R	Observed cardboard lining shelves in ki	itchen by cookline a	nd dry	04/2	28/2023
			storage area.	•			
234	NC	R	Observed scoops without handles in raw c	hicken in walk-in coo	ler and	04/2	28/2023
			vegetables in double door refrig	erator on prep line).		
173	С	R	Observed raw meat being stored above re	eady to eat foods in	double	11/0	7/2022
			door refrigerator on food				
256	NC	R	Observed no temperature measuring device	<u> </u>	behind	04/2	28/2023
			sushi bar area	l.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Tel	lephone Number	Date of Ins		ID#
			oitality of Huntingburg LLC	(8	12-684-9494	10/19		451
Establishmo	ent Addres 14th	s (nui Str	mber and street, city, state, zip code) reet, Huntingburg, IN, 47542	8)	12-684-9494	10/13	72022	
Owner	L N/-I	ام ما	· · ·		rpose:	Follow-up		se Date
Manis		no ⁻	tra	T	Routine	No		29/2022
Owner's Ac		י ח	r, Newburgh, IN, 47650		Follow-up	Summary	of Violation	18:
Person in C			1, 14c wbargii, ii4, 47 000	=	Complaint	. 0	NC_() _ ()
Christ		ae [·]	fer	=	Pre-Operational	C	NC_	<u>R</u>
Responsible				=	Temporary	Menu Typ	e (See addi	tional page)
				=	HACCP			
Certified Formichel			n 4-28-2025		Other (list)	12	<u>3</u>	<u>/4</u> <u>/</u> 5
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative]	To Be Co	orrected By
			No violations observed at tin	ne c	of inspection.			
D : 1:	, .			<u>, </u>	. 11 (: 1)		
Received by	(name and	title p	orinted):	Inspected by (name and title printed): Kymberlee				
Received by	(signature)):		Inspe	ected by (signature):			
cc:			сс:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Owsle	ey's l	_0	unge	812-559-0367	10/18/2	າດວາ	497
			mber and street, city, state, zip code)	(a.4.)Owner		2022	
	iver C	en	ter Landing, Jasper, IN, 47546				
Owner	D	I	1.0	Purpose:	Follow-up		se Date
Owsle	-	ar L	LU	Routine	No	10/	28/2022
Owner's Ac		`on	tor Landing Jaspar IN 47546	Follow-up	Summary of	Violation	ns:
Person in C		, C 11	ter Landing, Jasper, IN, 47546	Complaint		(
Shawi		th		Pre-Operational	C	NC_(R = R
Responsible			il	Temporary	Menu Type	(See addi	tional page)
P			_	НАССР		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified F	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($)3(•	$)_{4} \bigcirc_{5} \bigcirc$
Rodne	y Wel	ре	exp.				
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No violations observed at tim	ne of inspection.			<u> </u>
			** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- **			
			**OK to Operate	e			
	1						
	-						
Received by	(name and	title p		Inspected by (name and title position Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
Tieserrea by	(S.B.Intare)	,-					
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo APPLE		S N	NEIGHBORHOOD GRILL & BAR	Telephone Number (812-481-2838	Date of Ins (mm/dd/yr)	ID# 6
			mber and street, city, state, zip code) EIM ROAD, JASPER, IN, 47546	(0.4.)Owner = 4000	11/23	/2022	
		NT	RAL, LLC	Purpose: Routine	Follow-up No		e Date 03/2022
Owner's Ac		7 80	0732, WICHITA, KS, 67278	Follow-up	_ `	of Violation	
Person in C	harge		,, ,,	Complaint Pre-Operational	$_{\rm c}2$	$_{\rm NC}$	_R 1
Responsible			ii	Temporary	Menu Tvn	e (See addit	tional page)
теороногог			-	НАССР			
Certified For			exp. 8/26/2026	Other (list)	1 <u>0</u> 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
218	NC	R	Observed walk-in cooler door to not being s		n need	05/2	23/2023
	_		of a new gasket and				
177	С		Observed boxes being stored on the floo	or in walk-in freezer	and in	12/0)5/2022
			dry storage are	ea.			
438	С		Observed spray bottle with cleanin	g solution not labe	led.	12/0)5/2022
Received by	(name and	title _l		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm			00	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
ARBY				812-482-7111	11/23/	2022	7
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	⁽ 678-514-4100	, ,		
Owner RTM (OPER	RA7	TING COMPANY,LLC	Purpose: Routine	Follow-up NO		e Date 03/2022
Owner's Ad				Follow-up	Summary o	f Violation	ns:
		PΑ	ARKWAY NE, ATLANTA, GA, 30328	Complaint	1	(1
Person in Co		rur	mes	Pre-Operational	C	NC_	<u> </u>
Responsible				Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified For BETHA			/EY 10/7/2022	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>©</u>	<u>)4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	12/0)5/2022
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
		•		Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo BUR(ΚI	NG #1002	Telephone Number (812-634-9669)	Date of Ins (mm/dd/yr		1D# 23
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(0.4.)Owner 4 0.5.40	11/10	/2022	
Owner CARR	OLS	LL	С	Purpose:	Follow-uj		se Date // 28/2022
Owner's Ac		ST	REET, SYRACUSE, NY, 13203	Follow-up Complaint		of Violation	
Person in C		fel		Pre-Operational	c_1	NC	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			son 7/16/2025	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M.				IARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Observed boxes of french fries being sto	ored on the floor in v	walk-in	Co	rrected
			freezer.				
431	NC	R	Observed vents above food prep line to have	ve buildup of dust/dirt/	debris.	05/	18/2023
			, ,				
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			ENERAL STORE #7817	812-610-9972	11/28/2	2022	59
			mber and street, city, state, zip code) FERDINAND, IN, 47532	615-855-4000	1 1/20/2	2022	
Owner				Purpose:	Follow-up		e Date
DOLG	ENC	<u>Or</u>	RP, LLC.	✓ Routine	No	12/	08/2022
Owner's Ad		<u> </u>	205 2000 5770 44 5 74 2727	Follow-up	Summary of	Violation	ns:
		KIL	DGE, GOODLETTSVILLE, TN, 37072	Complaint	1	() 1
Person in C				Pre-Operational	C	NC_	<u> </u>
tammy			9	Temporary	М Т	/C 11:	
Responsible	e Person's	L-ma	11	НАССР	Menu Type	(See aaar	nonai page)
Certified F	ood Handle	er		Other (list)	10) ₃ ($)_{4}\bigcirc_{5}\bigcirc$
Exemp		-				<u> </u>	<u> </u>
		E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"	I		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
144	С	R	Observed several dented cans o	n the shelf for reta	1		rrected
	_						
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name					lephone Number	Date of Insp (mm/dd/yr)		ID#
			EN GRILL & CHILL	8′	12-683-5083	11/30	2022	63
			mber and street, city, state, zip code) HUNTINGBURG, IN, 47542	8	12-827-5027			
Owner JESS	ICA S	SCI	HMETT		rpose: Routine		te Date 10/2022	
Owner's Ac		١/٨١	V DD LILINTINGDUDG IN 47542		Follow-up	Summary	of Violation	1S:
Person in C		٧A	Y DR., HUNTINGBURG, IN, 47542	ᆫ	Complaint	1	() 1
		SCI	HMETT	=	Pre-Operational	C	NC_	R
Responsible				=	Temporary HACCP	Menu Typ	e (See addi	tional page)
					Other (list)	-		$\bigcirc\bigcirc$
Certified Foundation			tt exp. 9/16/2026			1 <u></u> 2 <u>1</u>	<u> </u>	<u>/4</u> _5
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
177	С	R	Observed boxes of french fries being store	ed o	n the floor in the	walk-in	12/1	12/2022
			freezer.					
Received by	(name and	title p			ected by (name and title pr	inted):		
Received by	(signature)):			ected by (signature):			
·	ĺ			-,, (8				
cc:			ce:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

				_			-
Establishm FEHF		CH	I STOP INN, INC.	Telephone Number (812-683-4220)	Date of Ins (mm/dd/yr		1D # 73
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-661-0220	11/09	12022	
Owner WAYN	NE FE	HF	RIBACH	Purpose: Routine	Follow-uj		se Date 19/2022
Owner's Ac 980 S [RUI	N ROAD, HUNTINGBURG, IN, 47542	Follow-up Complaint	_ `	of Violation	
	NE FE		RIBACH	Pre-Operational Temporary			$\frac{0}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Found			p. 11/14/2022	Other (list)	102	<u>3</u>)4050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title j		Inspected by (name and title positional Pie			
Received by	(signature):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme HOM		1\/\	N IGA #460	Telephone Number (812-683-4658 Date of Inspection (mm/dd/yr) 11 / 30 / 30 32 34 / 30 / 30 34 / 30 / 30			
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	1	11/30	/2022	
312 E ⁻	12TH \$	STF	REET, HUNTINGBURG, IN, 47542	⁽ 812-482-1366			
		1 2	NORTH FOODS LLC	Purpose: Routine	Follow-uj		ne Date 10/2022
Owner's Ac		EV	STREET, JASPER, IN, 47546	Follow-up	Summary	of Violatior	IS:
Person in C		<u> </u>	31KLL1, JASF LK, IN, 47340	Complaint	2	$_{\rm NC}$) _ 2
JAME		LL	INS	Pre-Operational	c <u> </u>	NC_	<u>R</u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo	and Handle			Other (list)	100	\bigcirc_3),(),()
			RWOOD 10/24/2023			<u> </u>	<u> 4030</u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u>. </u>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Observed boxes being stored on the floor i	in walk-in freezer in c	leli and	Coi	rrected
			meat departme	nt.			
192	С	R	Observed several expired food products o	n the shelf for retail (yogurt,	Co	rrected
			sour cream and package	es of bacon).			
Received by	(name and	title p	*	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)	:		Inspected by (signature):			
cc:			00:		cc:		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm JOYC		OF	PF PIES	Telephone Number (812-661-2110	Date of Ins (mm/dd/yr)		101
			mber and street, city, state, zip code) E, BIRDSEYE, IN, 47513	812-661-2110	11/19/	2022	
Owner DAVII) & J	YC	CE HOPF	Purpose:	Follow-up No		e Date 29/2022
	S 102	25 E	E, BIRDSEYE, IN, 47513	Follow-up Complaint	-	of Violation	
) & C		CE HOPF	Pre-Operational Temporary			0_{R}
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Foundation			o. 3/13/2023		1 2	<u>3</u> C	4050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tir	ne of inspection.			
Received by	(name and	l title i	printed):	Inspected by (name and title pr	rinted):		
Received by	(manne and		printed).	Kymberlee	micu).		
Received by	y (signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm					ID#			
INDU					812-639-2502	11/14	2022	108
			nber and street, city, state, zip code) , VELPEN, IN, 47590		⁽ 812-639-2502			
Owner KIM M	1UND	Υ		I	Purpose: Routine	Follow-up No		Se Date 24/2022
		۱۸/	, VELPEN, IN, 47590		Follow-up	Summary	of Violation	ns:
Person in C		V V	, VELI EN, III, 47590	<u> <u> </u></u>	Complaint	. 0	() _ ()
KIM N	_	Y		. ⊩	Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-mai	il		Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	177 11				Other (list)	-) .(\bigcirc .
KIM M			EXP 3/13/22			1 <u>02</u> 2	<u>3</u>	<u> 74030</u>
• CRITICAL	ITEMS AR	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	INS MA	RKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMI	MARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No Violations observed a	t tim	e of inspection			
Received by	(name and	title p	printed):		nspected by (name and title prohristina Pie			
Received by	(signature)):			nspected by (signature):			
cc:			cc:			cc:		



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					_		
Establishm KELL		R	ESTAURANT & BAR	Telephone Number 812-634-1323	Date of Ins (mm/dd/yr	j	1D#
			mber and street, city, state, zip code) ROAD 164, CELESTINE, IN, 47521	⁽ 812-630-2831	11/21	/2022	
Owner JEFF	KELL	.EY	,	Purpose:	Follow-up		se Date 01/2022
Owner's A		FF	ROAD 545, CELESTINE, IN, 47521	Follow-up		of Violation	
Person in C	harge			Complaint Pre-Operational	$\frac{1}{c}$	NC_($\binom{1}{R}$
JEFF				Temporary) (T		
Responsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			EXP 7/24/23	Other (list)	102	<u>3</u>	04050
• CRITICAI	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
438	С	R	Observed chemical spray bo	ottle not labeled.		Co	rrected
Received by	(name and	title _l		Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm			N SILVER'S #70196	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-482-2132	11/23	/2022	128
			ON STREET, JASPER, IN, 47546	(502-815-6114			
Owner I JS O	PCO	OI	NE LLC	Purpose: Routine	Follow-up		se Date 03/2022
Owner's Ac		<u> </u>	12 220	 			
		ER	ST., BABYLON, NY, 11749	Follow-up Complaint	Summary	of Violation	
Person in C		m	an.	Pre-Operational	$_{\rm C}$ $_{\rm U}$	NC_	$\frac{2}{R}$
David Responsible				Temporary	М Т	- (C 11:	tional page)
Responsible	e Person's	r-ma	II.	П НАССР	Menu Typ	_	
Certified F			0/00/0004	Other (list)	$1 \bigcirc 2$	<u>3</u>	$0.4 \bigcirc 5 \bigcirc$
VICKY I	⊣agar	n ex	кр. 2/23/2021				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
	. ,		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
232	NC		Observed severe buildup of dust/dirt/d		floors	05/2	23/2023
			throughout facil	_ ·			
298	NC		Observed buildup of food debris on over	en and cooking equi	pment	05/2	23/2023
			throughout facil	ity.			
Received by	(name and	title	,	Inspected by (name and title pr	rinted):		
	_			Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

			•	•				
LOS BRAVOS MEXICAN RESTAURAN				Telephone Number (812-482-7564	Date of Ins (mm/dd/yr		1D# 129	
Establishme 198 S	ent Addres	is (nui TO	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.)Owner	•			
Owner maria	lova			Purpose:	Follow-uj	^		
Owner's Ac				Routine				
		۱A۱	H DR., NEWBURGH, IN, 47630	Follow-up Complaint		of Violation	_	
Person in Charge Martin Loya Jr				Pre-Operational	c_ O	$_{\rm NC}$	S_R	
Responsible				Temporary	Menu Tvi	pe <i>(See addii</i>	tional page)	
Responsible	, i cison s	L-ma		НАССР	Wichu Typ		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Certified For FREDI			5/20/24	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>	
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO)N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
347	NC	R	Observed paper towel dispenser in kitc	hen to not be workir	ng and	05/2	22/2023	
			no paper towels at hand washir	ng sink behind bar.				
342	NC	R	Observed hand sink behind bar to not ha	ave any hot water and	d hand	05/2	22/2023	
			sink in kitchen to only be reaching 8-	4.5 degrees Fahre	nheit.			
438	С	R	Observed spray bottles with cleane	er not properly labe	led.	12/0	01/2022	
351	NC	R	Observed receptacles in women's ba	athroom not havinç	ງ lids.	05/2	22/2023	
177	С	R	Observed several boxes being stored on th	e floor in walk-in freez	zer and	12/0	01/2022	
			bags of beans in stora	age room.				
295	С		Observed buildup of dust/dirt/debris on fa	ans in both walk-in c	oolers.	12/0	01/2022	
173	С	R	Observed raw fish being stored above re	eady to eat foods in v	walk-in	12/0	01/2022	
			cooler.					
344	С		Observed hand washing sink in kitchen to	have dirty rags and	dishes	12/0	01/2022	
			sitting in it.					
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	inted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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			<u> </u>					
Establishme McDC		_D	'S #5349 (Jasper South)	_	ne Number -482-7778	Date of Ins (mm/dd/yr 11/21)	10# 138
			mber and street, city, state, zip code) S, JASPER, IN, 47546	(270)	566-1749	11/21	/2022	
Owner SUSA	N & F	RIC	K MANN	Purpose:		Follow-up No		te Date 01/2022
	3OX 7	' 10), JASPER, IN, 47546	Follov Comp	_	Summary of Violations:		
Person in C Zach I	Peek			Pre-O	Operational	С		
Responsible	e Person's	E-ma	il	HACO	-	Menu Typ	e (See addi	tional page)
Certified Fo			2023	Other	· (list)	102	<u>3</u>	0_4 0_5
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C	""			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF	F VIOLATIONS" ANI	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
433	NC	R	Observed mops not being	g hung	to dry.		05/2	22/2023
346	NC		Observed soap dispenser at hand sin	nk by di	shwasher br	oken,	05/2	22/2023
			preventing employees from prop	erly wa	ashing hands	S.		
177	С	R	Observed boxes of happy meals being	stored	on the floor b	y first	12/0	01/2022
			drive-thru windo	ow.				
351	NC		Observed trashcans in women's res	stroom	to not have	lids.	05/2	22/2023
Received by	I (name and	title p			by (name and title pr	inted):		
Received by	(signature)) :			by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	JANC		'S #575810 (Ferdinand)	Telephone Number (812-998-2023	Date of Ins (mm/dd/yr 11/28)	139
			mber and street, city, state, zip code) PARK ROAD, FERDINAND, IN, 47532	⁽ 270-566-1749	11/20	72022	
		RIC	K MANN	Purpose: Routine	Follow-up		ne Date 08/2022
	Fox H	loll	ow Ct, JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C LOGA	N			Pre-Operational Temporary		NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Logan			4/19/2024	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAI	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.	Î		
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 701 N. Owner PIZZA Owner's Ac 3301 S Person in C	HUT	STO SEF	#316854 (HUNTINGBURG) mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542 F AMERICA, LLC. R RD, LOUSIVILLE, KY, PRTES ii	Telephone Number (812-683-0130 (502-874-6302 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-up No Summary	Release 12/	10# 160 se Date 10/2022 ss: 2 R O
Certified Fo			-19-2023	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
					-		
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
110001,00	(mine una			Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo		INI	NI 9 CLUTEC	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			N & SUITES mber and street, city, state, zip code)	812-367-1122	11/28/	2022	164
			TREET, FERDINAND, IN, 47532	⁽ 812-661-9658			
Owner PRAV	EZ S	ΗA	RMA	Purpose: Routine	Follow-up		ne Date 08/2022
Owner's Ad	ldress			Follow-up	Summary o		
3289	ST CH	ΗA	RLES ST, JASPER, IN, 47546	Complaint	^		
Person in C		ΗA	.RMA	Pre-Operational	c_ U	NC_	R
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified For Claude			Jr 1/20/2026	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> 05
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
257	NC	R	Observed no temperature measuring devic	e in small refrigerator	where	05/2	29/2023
			cream cheese is s	tored.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	inted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
		_					
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm SANI		CA	TERING		Telephone Number (812-634-1018 Date of Inspection (mm/dd/yr) 11/21/2022 16				
			nber and street, city, state, zip code ST., JASPER, IN		⁽ 812-309-3269	11/21	/2022		
Owner ALEX	ZEHI	₹			Purpose:	Follow-up		ne Date 01/2022	
	S. CL	ΑY	ST., JASPER, IN	I, 47546	Follow-up Complaint	Summary	of Violation		
Person in C	ZĚHI				Pre-Operational Temporary	C	NC		
Responsible	e Person's	E-ma	il		НАССР	Menu Typ	e (See addi	tional page)	
Certified For Mary S			2/21/2024		Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>	
• CRITICAL	ITEMS AR	E IDI	NTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS A	RE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative			To Be Co	orrected By	
296	С	R	Observed dirt/mold bui	ildup on ice mach	nine from excess mo	isture.	12/0	01/2022	
				•					
Received by	(name and	title j	orinted):		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):			Inspected by (signature):				
cc:			cc:			cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

SCH1		EL	BANK CATERING	Telephone Number (812-634-2584	Date of Insp (mm/dd/yr)		173
Establishm 409 3	ent Addres	ss (nu VE	mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-630-1355	11/28	2022	
Owner GAIL	HETT	IN	GER	Purpose:	Follow-up NO		se Date // 08/2022
Owner's Ac 890 E		٧, ،	JASPER, IN, 47546	Follow-up Complaint	Summary	_	_
Person in C Jessic		ugl	as	Pre-Operational Temporary	$C \cup C$	NC_	0_{R}
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Foundation			xp. 04/03/2023	Other (list)	102	<u>3</u>	04050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
n : ::	,			Y			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

SCH1		EL	BANK RESTAURANT	Telephone Number (812-482-2640)	Date of Ins (mm/dd/yr)	174
			mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-631-1801	11/28	/2022	
Owner ALAN	HAN	SE	ELMAN	Purpose:	Follow-uj		se Date 08/2022
Owner's Ac		ode	erville Rd., JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C Barb L		eh	usen	Pre-Operational Temporary	C	NC_	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For Barb L			usen exp. 04/03/2023	Other (list)	102	<u>3</u>)4050
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	12/0	08/2022
295	NC		Observed buildup of dust/dirt/debris on c	eiling fans and ceilin	g tiles	05/2	29/2023
			above kitchen cookline and d	ishwashing area.			
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme SNAF				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
		- (mber and street, city, state, zip code)	812-848-7627	11/09/2	2022	177
1115	MAIN	ST	REET, JASPER, IN, 47546	⁽ 812-639-3022			
Owner KIM M	IITCH	IEL	L (WTFDS LLC)	Purpose: Routine	Follow-up NO	Releas	e Date 19/2022
Owner's Ac				Follow-up	Summary of	Violation	is:
		Ε, 、	JASPER, IN, 47546	Complaint	\cap		
Person in C		IEL	L (WTFDS LLC)	Pre-Operational Temporary	c_ U	NC_	R U
Responsible	e Person's	E-mai	1	НАССР	Menu Type	(See addii	ional page)
~				Other (list)	-)3(•	\bigcirc
Certified Fo			EXP 9/12/22		1 <u>U</u> 2 <u>U</u>	<u>3</u> C	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		ŗ	Го Ве Со	rrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p	,	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		#1	0402 (Fordinand)	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			0492 (Ferdinand)	812-367-0808	11/28/2	2022	184
			mber and street, city, state, zip code) PARK SUITE A, FERDINAND, IN, 47532	(270-577-3169			
Owner JEFF	TRO	ΚΕΙ	<u>L</u>	Purpose: Routine	Follow-up NO	Releas	e Date 08/2022
Owner's Ac			_	Follow-up	Summary of		
P.O. B	OX 72	24,	HENDERSON, KY, 42419-0724	Complaint	_ `	_	
Person in C		10	N TROXEL	Pre-Operational	c_ U _	NC	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible				Temporary	Menu Type	See addii	ional page)
				HACCP			
Certified Fo			/06/2023	Other (list)	1 <u>0</u> 2 <u>0</u>	<u>)</u> 3 <u>(•</u>	<u> 14050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme	ent Name			Telephone Number	Date of Ins	ection	ID#
		LL	#28879 (Jasper)	812-634-9536	(mm/dd/yr)		194
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(503-722-2825	11/10/	2022	
Owner			A, LLC	Purpose:	Follow-up		e Date 28/2022
Owner's Ac			•	Follow-up	Summary	of Violation	ng:
6200 OA	K TREE	BL	VD. STE 250, INDEPENDENCE, OH, 44131	Complaint			
Person in C Audra		me	•	Pre-Operational	c	NC_	$R \cup R$
Responsible				Temporary	Menu Tyn	e (See addi)	tional page)
responsible				НАССР	-		
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
VICTO	RIAH	H	ATLER 6-22-2027				
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
431	NC		Observed buildup of dust/dirt/debris on v	ent and ceiling tiles	above	05/1	8/2023
			drive thru windo	DW.			
				<u> </u>			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		LL	#31692 (Ferdinand)	Telephone Number (812-367-0817	Date of Ins (mm/dd/yr)	1D# 195
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) [REET, FERDINAND, IN, 47532]	()Owner	11/28	/2022	
Owner BELL	INDIA		A, LLC	Purpose:	Follow-uj		se Date 08/2022
Owner's Ad		BL	VD. STE 250, INDEPENDENCE, OH, 44131	Follow-up	Summary	of Violation	
Person in C				Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	_p 1
Randy				Temporary	<u></u>		
Responsible	Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4$ \bigcirc_5 \bigcirc
Randy	Still e	exp	. 1/3/2025			<u> </u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
297	NC	R	Observed buildup of dirt/debris on fountain	n drink machine and	frozen	05/2	29/2023
			drink machine and in need	d of cleaning.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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				•				
Establishme TAQU		Αſ	EL LLANO	Telephone Number (812-351-4571	Date of Ins (mm/dd/yr		10# 196	
Establishmo	ent Addres 28Th	is (nui 1 S	mber and street, city, state, zip code) STREET#B, JASPER, IN, 47546	⁽ 812 ⁻ 351-4571	-			
Owner FRAN	CISC	Α (GONZALEZ	Purpose: Routine	Follow-uj		Se Date 01/2022	
Owner's Ac 3828 N.		ΓER	RSVILLE RD #54, JASPER, IN, 47546	Follow-up Complaint	•	of Violation		
Person in C		Α (GONZALEZ	Pre-Operational	c_3	NC_	$\frac{2}{R}$	
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	oe (See addii	tional page)	
Certified Fo			zalez exp 11/28/22	Other (list)	102	<u></u>)4050	
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
144	С		Observed dented cans on the	e shelf for retail.		Cor	rrected	
177	С	R	Observed foods being stored in unapprove	ed bags in reach in fre	ezers.			
347	NC	R	Observed no paper towels at h	and washing sink.		05/22/2023		
409	NC		Observed missing ceiling tile in	dishwashing room	1.	05/2	22/2023	
173	С	R	Observed raw eggs being stored above re	-		Co	rrected	
			door refrigerate	or.				
			3					
					-			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	inted):			
Received by	(signature)):		Inspected by (signature):				
cc:			ce:		cc:			



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Establishme MIRA		'S	RESTAURANT	Telephone Number 812-634-78	Date of In (mm/dd/y)	r)	1D# 199
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.)Owner	1 1/08	9/2022	
		IR/	AANDA / Juan A. Miranda	Purpose: Routine	Follow-u NO		ne Date 19/2022
Owner's Ac		STR	REET, APT 16, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		١N	 DA	Pre-Operational	c_3	NC_	4
Responsible				Temporary HACCP	Menu Ty	pe (See addii	ional page)
Certified Fo			elgado exp 1/23/2025	Other (list)	12	<u></u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS	S" AND IN THE N		
Section#	C/NC	R	Narrative		1 1 11		orrected By
173	С	R	Observed raw chicken being stored above		ds in small	11/2	21/2022
177	С	R	single door refrigerator b Observed foods being stored in bags un	•	torogo in	11/	21/2022
177	C	K	freezers and single door coo			1 1/2	1/2022
146	NC	R	Observed foods in freezer		; <u>.</u>	05/0	09/2023
144	C	R	Observed several severely dented ca		for retail		21/2022
177		11	Observed several severely defined ca		ioi retaii.	1 1/2	. 1/2022
Received by	(name and	title p		Inspected by (name and to Kymberle)			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	V. PC	s (nu	T #2366 mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	Telephone Number (812-683-2366) (812-683-2366)	Date of Inspe (mm/dd/yr) 11/30/2		1D# 203
Owner HUNT	INGB		G VETERANS ASSOCIATION	Purpose:	Follow-up NO		te Date 10/2022
Owner's Ac P.O. E	3OX 1	5,	HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary of	f Violation	_
Kristy Responsible	Nelso			Pre-Operational Temporary	Menu Type		
			•	HACCP Other (list)),	
Certified Fo			o. 11/14/2022		102	<u> </u>	<u> </u>
			INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE NAI	DD ATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	WIMART OF VIOLATIONS AN			orrected By
Section#	C/NC	K	No violations observed at tim	o of increation		то ве Сс	orrected by
			ind violations observed at till	ie or inspection.			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm WEN		; #:	57830	Telephone Number 812-683-5905	Date of Ins (mm/dd/yr)	i	ID# 208
			mber and street, city, state, zip code) [REET, HUNTINGBURG, IN, 47542]	(562-425-1402	11/30	/2022	
Owner W.K.S	FRC	S1	Y CORPORATION	Purpose: Routine	Follow-up No		te Date 10/2022
	ORPOR	RAT	E AVE STE 200, CYPRESS, CA, 90630	Follow-up Complaint		of Violation	
Person in C BILL F	<u>HARN</u>			Pre-Operational Temporary		•	0_{R}
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For CHAR			EW 10/10/2024	Other (list)	1 2	<u>3</u>	04050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
-			No violations observed at time	ne of inspection.			
Received by	(name and	title j		Inspected by (name and title position of the Kymberlee)	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm		: #	11099	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-482-3111	11/23	2022	210
			N STREET, JASPER, IN, 47546	⁽ 562-425-1402			
Owner	FROS	;T\	/ CORPORATION	Purpose:	Follow-up		se Date 03/2022
Owner's Ac		וכ	I COM CHATION	Routine			
		RAT	E AVE STE 200, CYPRESS, CA, 90630	Follow-up	Summary	of Violation	
Person in C				Complaint Pre-Operational	$\begin{bmatrix} c & 0 \end{bmatrix}$	NC_	l _b O
wendy	/ copl	ey		Temporary	<u> </u>	NC	K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	102	\bigcirc_3),(),5()
John			24		1 <u>0</u> 2_	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
347	NC		Observed no paper towels at handwash	ing station by ice ma	achine.	05/2	23/2023
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm PUB	'N' G			Telephone Number (812-631-0188	Date of Ins (mm/dd/yr)		369
			mber and street, city, state, zip code) N ST., JASPER, IN, 47546	(812-631-0188	1 1703		
Owner JARE		IS	HEIT	Purpose: Routine	Follow-up		te Date 19/2022
	ACKS	10	N ST., JASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C	EY P			Pre-Operational Temporary	c_ O _		
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified For JAREI			IEIT 2024	Other (list)	1 <u></u> 2	<u>3</u> C	<u> </u>
• CRITICAI	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	title j	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm	ent Name			Telephone Number	Date of Ins		ID#
			ILL / DBA OINK INC SMOKE HOUSE	(812-630-5638	(mm/dd/yr 11/19		394
			mber and street, city, state, zip code) THONY RD W, HUNTINGBURG, IN, 47542	⁽ 812-630-5638	11/13	72022	
Owner TIM F	LICK			Purpose: Routine	Follow-up No		se Date 29/2022
Owner's Ac		ΔΝΊ	THONY RD W, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	ns:
Person in C		, (1 4 1	TIGHT RE W, TIGHTING BORG, IN, 47042	Complaint	0	$_{\rm NC}$) "()
TIM F				Pre-Operational Temporary	<u> </u>		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			27/2022	Other (list)	102	<u>3</u>)4050
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	l title		Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo DUNI				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
		,		856-904-2222	11/18/2	2022	403
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 856-904-2222			
Owner SAGA	R DE	SA	AI	Purpose: Routine	Follow-up No	Releas	e Date 28/2022
Owner's Ac				Follow-up	Summary of	Violation	s:
4672 F	PICAD	ILL	LY CIRCLE, JASPER, IN, 47546	Complaint			
Person in C		SA	AI	Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-mai	il	Temporary	Menu Type	See addii	ional page)
				HACCP	\sim \sim	\ C	
Certified Fo			RGEON 12/31/2025	Other (list)	1 22	<u>)</u> 3 <u>(•</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmen		- \ ^	/ED	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
STAY				812-661-9576	11/19/2	022	420
			mber and street, city, state, zip code)	⁽ 812-661-9576	1 17 1 07 2	.022	
Owner CRAIG	& L(ЭR	<u> </u>	Purpose:	Follow-up NO	Releas	e Date 29/2022
Owner's Add				Follow-up	Summary of		
4273 RO	LLIN	G R	IDGE DR, ST. ANTHONY, IN, 47575	Complaint		_	
Person in Cha		OR		Pre-Operational	c_ U _	NC	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible F	Person's I	E-mai	il	Temporary	Menu Type	See addit	ional page)
				НАССР			
Certified Foo		r		Other (list)	1 <u>0</u> 2 <u>0</u>	<u>)</u> 3 <u></u>	<u> 14050</u>
• CRITICAL I	TEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by (1	name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by (s	signature)	:		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Inspec	ction	ID#
ZAXB	BY'S			(812-559-0949	(mm/dd/yr) 11/23/2	000	426
			mber and street, city, state, zip code)	(502-648-0099	11/23/2	.022	
	VIAIVIN		EIM ROAD, JASPER, IN, 47546			T	
Owner	J A.,rc			Purpose:	Follow-up	Releas	
Gerald		25		✓ Routine	No	1	03/2022
Owner's Ad 11820		ım	Dr Ste. 101, Louisville, KY, 40243	Follow-up Complaint	Summary of		
Person in C				Pre-Operational	$_{c}$ 0	NC_) , ()
Pat W	ingfie	ld		Temporary	C	NC	_ ^
Responsible	Person's	E-mai	il		Menu Type	See addii	ional page)
				HACCP	\circ		
Certified For Ashlyn			ns exp. 6/2/2027	Other (list)	1 <u>0</u> 2 <u>0</u>	<u>)</u> 3 <u>(•</u>	4050
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
				•			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
	,	- 1		Kymberlee	,		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 10 Hilly Owner	FIE A ent Addres vood (s (nu Circ	NIES PRETZEL TRUCK mber and street, city, state, zip code) ble, ELIZABETHTOWN, KY, 42701 HARDESTY	Telephone Number (502-510-2306) (502-510-2306) Purpose: Routine Follow-up	Date of Inspe (mm/dd/yr) 11/28/2 Follow-up NO	2022 Releas 12/	1D # 446 e Date 08/2022
Person in C Jasmii Responsible	harge Ne Ire	lar E-ma		Complaint Pre-Operational Temporary HACCP	C_O Menu Type	NC(See addit	Q R O
	NE IR	EL	AND 5/23 Entified in the checklist and narrative columns m	Other (list)	1 2	<u>)</u> 3 <u>•</u>	<u> </u>
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	o Be Co	rrected By
			No violations observed at tim	ne of inspection.			
				•			
Received by				Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		nΔr	al #24064	Telephone Number () Establishment	Date of Inspo (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	() Establishment	11/16/2	2022	462
			Rd 162, Huntingburg, IN, 47542	615-855-4000			
Owner Dollar	Gene	era	l Store #24064	Purpose:	Follow-up NO		e Date 26/2022
Owner's Ad				Follow-up	Summary of		
100 Miss	ion Ridg	ge A	ttn: Tax Licensing, Goodlettsville, TN, 37072			_	
Person in C				✓ Pre-Operational	CU	NC_	$\bigcup_{\mathbf{R}} \bigcup_{\mathbf{R}}$
Ryan '	Wilco	X		Temporary		110	
Responsible	Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
					\bigcirc ($\cap \cap$
Certified For Exemp		er		Other (list)	1 2	<u>J</u> 3 <u>C</u>	<u> 405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
			OK to operate	e			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
	ĺ						
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme		C_{ℓ}	offee #69077	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-556-3608	11/10	/2022	481
4276 N	V Nev	vto	n St, Jasper, IN, 47546	⁽ 206-318-1575			
Owner Starbu	ıcks (Cof	fee.	Purpose:	Follow-uj		se Date 28/2022
Owner's Ad		, , , , , , , , , , , , , , , , , , , 		 			
		142	2-TAX2, Seattle, WA, 98124	Follow-up Complaint	Summary	of Violation	
Person in C	harge			Pre-Operational	$\begin{bmatrix} C \end{bmatrix}$	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
Alie Fa				Temporary			
Responsible	Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	10°	\bigcirc_3),(),()
Alie Fa		.1		<u> </u>		<u></u>	<u>/4030</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
			OK to operate	e			
			'				
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme 1907 N Owner SCOT Owner's Ad	YER'S ent Addres N. NE	s (nui W	OF JASPER mber and street, city, state, zip code) TON ST, JASPER, IN, 47546 OWSKI	Telephone Number (812-219-4938 (812-219-4938 Purpose: Routine Follow-up	Date of Insp (mm/dd/yr) 11/22/2 Follow-up NO Summary o	2022 Releas 12/	1D# 483 e Date 02/2022 as:
Person in C	harge T LAS Person's	SK E-mai	TON ST, JASPER, IN, 47546 OWSKI	Complaint Pre-Operational Temporary HACCP Other (list)	C_O Menu Type	NC(See additions)	tional page)
• CRITICAL	ITEMS AR	E IDE	RK EXP. 8/06/2024 ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS NO PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Fo Ro Co	rrected By
Section	CITC	K		as of inspection		I U DC CC	Trected By
			No violations observed at tin	ne or inspection.			
			OK to operate	e			
	·						
Received by	(name and	title r	printed):	Inspected by (name and title pr	inted):		
•	`		milicu).	Kymberlee **	inica).		
Received by	(signature)	:		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme			NIACKO		phone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			NACKS		2-912-0803	11/19/2	2022	484
			mber and street, city, state, zip code) .ND RD NW, FERDINAND, IN, 47532	⁽ 81	2-912-0803			
Owner JORD	AN &	BF	RITTNEY LUNDY	Purp	oose: outine	Follow-up NO		29/2022
Owner's Ac		1 N 1 A	ND DD NIM FEDDINAND IN 47500	F	ollow-up	Summary of	Violation	ns:
		INA	ND RD NW, FERDINAND, IN, 47532	c	omplaint	\cap	() ()
	AN &		RITTNEY LUNDY	=	re-Operational emporary	С_О_	NC_	<u> </u>
Responsible	e Person's	E-mai	il		ACCP	Menu Type	(See addii	ional page)
Certified Fo					ther (list)	$1\bigcirc 2$	<u>)</u> 3 <u>©</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKE	D "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMAR	Y OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Т	o Be Co	orrected By
			No violations observed at time	ne of	finspection.			
Received by	(name and	title p			nted by (name and title pr	inted):		
Received by	(signature)):			eted by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	e's Ta	s (nu	Prn mber and street, city, state, zip code) FREET, ST. ANTHONY, IN, 47575	(8	12-326-2201 12-631-9480	Date of Ins (mm/dd/yr 12/28		ID# 8
		Sh	ane Haas	I	rpose: Routine	Follow-up No		e Date 07/2023
Owner's Ac 4595 [า S	trasse, Jasper, IN, 47546		Follow-up Complaint	Summary	of Violation	
	na &		ane Haas		Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-mai	il		НАССР	Menu Typ	e (See addi	tional page)
Certified For Amy N			03/2026		Other (list)	1 2	<u>3</u>	<u> 1405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			1		orrected By
Section	C/IC	K	No violations observed at tim	<u> </u>	of inspection		10 BC CC	Trected By
			140 Violations observed at till	10 (or mapection.			
Received by	(name and	title r	arinted):	Insn	ected by (name and title pr	rinted):		
Received by	(name and	titie j			ymberlee	inted).		
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm BAKE		C	ORNER	Telephone Number (812-678-2225)	pection	1D# 10	
			mber and street, city, state, zip code) 6, FRENCH LICK, IN, 47432	⁽ 812-865-6000	12/16	/2022	
Owner JOHN	I AND	S	ANDRA BAKER	Purpose:	Follow-up		e Date 26/2022
Owner's Ac 11018		₹ 5	6, FRENCH LICK, IN, 47432	Follow-up Complaint	Summary	of Violation	_
	I AND		ANDRA BAKER	Pre-Operational Temporary	<u>c_U</u>	NC	
Responsible			il	НАССР	Menu Typ	e (See addii	tional page)
Certified F			ER 11/14/22	Other (list)	1 <u></u> 2	<u>3</u>	4050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	l title	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	y (signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm BARN		RD	BAR-B-Q CATERING LLC.	Telephone Number (812-634-2638)	Date of Ins (mm/dd/yr)	1D#
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) I, JASPER, IN, 47546	812-634-2638	12/13	/2022	
Owner			LORETTA HOFFMAN	Purpose:	Follow-up		se Date 23/2022
Owner's Ac	ddress		I, JASPER, IN, 47546	Follow-up	_	of Violation	ns:
Person in C	harge		LORETTA HOFFMAN	Complaint Pre-Operational	c_0	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Loretta			n exp 11/20/2023	Other (list)	1 2	<u>3</u>	<u>)4U5U</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
				•			
Received by	(name and	title p		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name		Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
BIG LOTS #254		812-482-2150	12/12/2	2022	13
Establishment Address (number and street, city, 195 S US HWY 231, JAS		⁽ 61 ² 4-278-3627			
Owner BIG LOTS STORES, LLC		Purpose:	Follow-up NO	Release 12/	e Date 22/2022
Owner's Address		Follow-up	Summary of	Violation	ıs:
4900 East Dublin Grandville Rd., V	VESTERVILLE, OH, 43081	Complaint			
Person in Charge BIG LOTS STORES, LLO		Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible Person's E-mail		Temporary	Menu Type	See addii	ional page)
		HACCP	\bigcirc (
Certified Food Handler EXEMPT		Other (list)	1 22	<u> </u>	<u> </u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHI	CCKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS IN		MMARY OF VIOLATIONS" AN			
Section# C/NC R	Narrative		Т	o Be Co	rrected By
No '	Violations observed at tir	ne of inspection			
Received by (name and title printed):		Inspected by (name and title pr	rinted):		
• • •		Christina Pie			
Received by (signature):		Inspected by (signature):			
ec:	cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm				Telephone Number Date of Inspection ID #				
CHIN	AGA	٩R	DEN	812-367-8200	(mm/dd/yr)	,	29	
			mber and street, city, state, zip code) RK ROAD, SUITE B, FERDINAND, IN, 47532	⁽ 718-909-3092	12/21	/2022		
Owner YAN F	HONG	3 Z	HANG (LYNN)	Purpose:	Follow-up		se Date // 31/2022	
Owner's Ad 449 PF		ΞR	DR. N, SANTA CLAUS, IN, 47549	Follow-up Complaint	-	of Violation		
Person in C Hui Li	Charge			Pre-Operational	C O	NC_	$\frac{2}{R}$	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified Fo			ng exp. 2/25/2021	Other (list)	102	<u></u>	$0_4 \underline{\bigcirc}_5 \underline{\bigcirc}$	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"				
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
146	NC	R	Observed food in freezers and refrigerator	being stored in unap	proved	06/2	21/2023	
			food storage bags and r	not labeled.				
199	NC	R	Observed frozen meat being thawed at r	oom temperature (m	nust be	06/2	21/2023	
			thawed with running cold water	or in refrigerator).				
Received by	(name and	l title		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			сс:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
GI #8		,		812-482-4331	12/12/	2022	33
620 W	6TH	S (nui S	mber and street, city, state, zip code) FREET, JASPER, IN, 47546	⁽ 813-740-0422			
Owner GIAN	ΓIND	IAI	NA LLC	Purpose: Routine	Follow-up NO		Date 22/2022
Owner's Ac				Follow-up	Summary o	f Violation	ns:
1806 l	N FR	<u> </u>	KLIN ST, TAMPA, FL, 33602	Complaint	n n	_	
Person in C	_			Pre-Operational	$_{ m C}$ U	NC_() _R U
kaylee				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	_	
Certified Fo			I-15-2024	Other (list)	1 <u>0</u> 2($)_3$	<u>14050</u>
•							
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	orrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
-				Kymberlee	•		
Received by	(signature)):		Inspected by (signature):			
·	ĺ						
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm		2"	MART #32 (Huntingburg)	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-683-5003	12/14/	2022	43
			REET, HUNTINGBURG, IN, 47542	⁽ 812-547-6435			
Owner C & S	. INC.			Purpose: Routine	Follow-up No		e Date 24/2022
Owner's Ac	•			Follow-up	Summary		
P.O. E	3OX 3	89,	TELL CITY, IN, 47586	Complaint	Summary		
Person in C				Pre-Operational	$ _{\mathbf{C}}$ U	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
Brent				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3	$_{4}O_{5}O_{1}$
brent l	echne	r 7	-19-2027			<u> </u>	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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				T			
Establishme CVS F		M	ACY #6881 (HUNTINGBURG)	Telephone Number (812-683-3309)	Date of Ins (mm/dd/yr		то# 51
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 401 ⁻ 770-5324	12/14	12022	
Owner HOOK	(- SL	JPE	ERX, LLC.	Purpose:	Follow-uj		se Date 24/2022
Owner's Ad		Ξ, Μ/	AIL CODE #1160, WOONSOCKET, RI, 02895	Follow-up		of Violation	
Person in C		C/	ASTELLO	Complaint Pre-Operational	$_{\rm c}$ 1	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2	<u></u>	04050
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	С	R	Observed buildup of dust/dirt/debris on	reach in drink coole	r fans.	12/2	26/2022
Received by	(name and	l title 1	printed):	Inspected by (name and title p	rinted):		
				Kymberlee	•		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm		M	CITO LLC	Telephone Number	Date of Ins (mm/dd/yr		ID#	
			mber and street, city, state, zip code)	812-684-8087	12/07	/2022	67	
			t, HUNTINGBURG, IN, 47542	812-661-2409				
Owner	NIA 7		A \	Purpose:	Follow-up			
TATIA		EL	AYA	✓ Routine	No		17/2022	
Owner's A		t I	HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation		
Person in C		,,,	10111111020110, 111, 17012	Complaint	_ 1		$\frac{2}{R}$	
TATIA		EL	.AYA	Pre-Operational	C	NC_	R <u></u>	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	ional page)	
C CC IE	177 11			Other (list)			\bigcirc	
Certified F has 6			o get		1 2	<u> </u>	4050	
• CRITICAI	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
217	NC	R	Observed food being stored in bags una	erved food being stored in bags unapproved for food storage.				
146	NC	R	Observed frozen foods in reach in freeze	erved frozen foods in reach in freezer not labeled about what it				
			is or where it came	from.				
438	С		Observed cleaning spray bo	ttle not labeled.		12/1	9/2022	
Received by	(name and	title 1		Inspected by (name and title pr	rinted):			
				Kymberlee				
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm 1804 I Owner TATIA Owner's Ad	ent Address ANA Z ddress race s Charge ANA Z e Person's	S (num	HUNTINGBURG, IN, 47542 AYA	Telephone Number (812-684-8087 (812-661-2409 Purpose: ✓ Routine ☐ Follow-up ☐ Complaint ☐ Pre-Operational ☐ Temporary ☐ HACCP ✓ Other (list) spanish version	Follow-up NO Summary C	Release 12/	67 te Date 17/2022 as: 2 R tional page) 04050
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
217	NC	R	Alimentos observados almacenados en	bolsas no aprobada	s para		
			el almacenamiento de	•	·		-
146	NC	R	Alimentos congelados observados al ald	cance en el congela	dor no		
			etiquetados sobre lo que es o				
			0.11440.14400 000.10 10 440 00 1	ac deride virie.			
420	С	В	Detalle de aprov de limpieza abas	munda na atiquata	40		
438	C	R	Botella de spray de limpieza obse	ervada no eliqueta	ua.		
			Negocite obtains a legatificade de granat	a de elimentes en co			
			Necesita obtener el certificado de gerent	e de allmentos en ul	n mes.		
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
Received by	(name and	uuc j		Christina Pie			
Received by	(signature)):		Inspected by (signature):	• •		
cc:			cc:		cc:		



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Establishme FAZC		#1	675	Telephone Number 812-634-1574	Date of Ins (mm/dd/yr)	ID# 72	
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	859-825-6248	12/12	/2022	, _	
	HIKU	А١	VENUE, JASPER, IN, 47546					
Owner FAZO	LI'S J	OI	NT VENTURE, LTD	Purpose: Routine	Follow-uj No		e Date 22/2022	
Owner's Ac				Follow-up	Summary	of Violation	ıs:	
		<u>IBC</u>	DRIVE, LEXINGTON, KY, 40509	Complaint	2	1	2	
Person in C Dillon		ing	J	Pre-Operational Temporary	$_{\rm c}$ 3	NC_	R	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addit	ional page)	
Certified Fo			ING EXP. 8/25/2026	Other (list)	1 <u></u> 2	<u></u>	<u>/4</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
177	С	R	Observed boxes being stored on the floo	r in the walk-in freez	er and	12/2	22/2022	
			storage area.					
347	NC			served no paper towels at hand washing sink in kitchen by				
			dishwashing mac	hine.	-			
438	С		Observed spray bottles on cleaning rack	k by mop sink not la	beled.	12/2	22/2022	
295	С	R	Observed excess buildup of food/dust/dirt	· · · · · · · · · · · · · · · · · · ·		12/2	22/2022	
			racks throughout estab					
			The state of the s					
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):			
	`	•	,	Kymberlee	ŕ			
Received by (signature):				Inspected by (signature):				
cc:			ec:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm GRO		ΕC		Telephone Number (812-482-4060)	Date of Ins (mm/dd/yr)	ì	ID# 84
			mber and street, city, state, zip code) VY 231, JASPER, IN, 47546	⁽ 812-631-0131	12/12	/2022	
Owner STEP	HEN	A١	ID CHRISTY GORDON	Purpose:	Follow-up		e Date 22/2022
Owner's Ac		W	, VELPEN, IN, 47590	Follow-up Complaint	Summary	of Violation	
Person in C		A١	ID CHRISTY GORDON	Pre-Operational Temporary	c U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For CHRIS			RDON EXP 6/13/2022	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4U5U</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
				I			
Received by	(name and	l title	•	Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm HEAD		٩R	TERS INC.		Telephone Number (812-482-3411	Date of Ins (mm/dd/yr)	i	ID# 91
			mber and street, city, state, zip code) REET, JASPER, IN, 47546	5	(812-639-1844	12/14	/2022	
		J. F	RITCH		Purpose:	Follow-up		e Date 24/2022
Owner's Ac		au	er Ave, JASPER, IN, 4754	6	Follow-up	Summary	of Violation	
Person in C	harge			Complaint Pre-Operational	c_0	NC_	R = 0	
ANDREW J. FRITCH Responsible Person's E-mail					Temporary	Menu Typ	e (See addi	tional page)
Certified Food Handler					HACCP Other (list)	10,0	\bigcirc_3 (\bullet),(),()
			/12/2024			1	<u></u>	<u> </u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COL	LUMNS N	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrat					orrected By
296	NC		Observed buildup of debris on pizz	za tra	ck and in need of cle	eaning.	06/1	14/2023
Received by	(name and	title	printed):		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:			cc:			cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme HOM		ΞΑ	D PIZZA LLC	Telephone Number (812-367-1808)	Date of Insp (mm/dd/yr)		ID# 97
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(a,)Owner, aaa,	12/21/	2022	
Owner RICHA	۹RD ۱	WE	ELP	Purpose:	Follow-up NO		se Date // 31/2022
Owner's Ad PO Bo		5. F	FERDINAND, IN, 47532	Follow-up	Summary		
Person in C	harge	·	· · · ·	Complaint Pre-Operational	c_0	NC	$\frac{1}{R}$
Responsible				Temporary	Many Tym		tional page)
Kesponsible	e rerson's	L-IIIa	11	НАССР	Menu Typ	e (see aaai	iionai page)
Certified For Richar			exp. 9/11/23	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>_4O_5O</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
234	NC	R	Observed scoops in pizza prep table	le to not have hand	dles.	06/2	21/2023
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		۱/۸	N IGA #450 (Jasper)	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	(812-482-3166	12/12	/2022	98
			STREET, JASPER, IN, 47546	⁽ 812-482-1366			
Owner HOUC	HEN	1 S	NORTH FOODS LLC	Purpose: Routine	Follow-up		e Date 22/2022
Owner's Ad	ldress			Follow-up	Summary	of Violation	
		ΕY	STREET, JASPER, IN, 47546	Complaint	1		
Person in C	0	;		Pre-Operational	c	NC_	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
~				Other (list)	\sim	\bigcirc_3	$\bigcirc\bigcirc$
Certified Fo			9/16/2025		1 2	<u> </u>	<u>/4</u> _ 5
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
310	NC	R	Observed buildup of dust/dirt/debris on	fryer exhaust vents	in deli.	06/1	12/2023
345	С	R	Observed handwashing sink in produce	area being used fo	r other	12/2	22/2022
			purposes than handwashing. (Using hand	d sink as drain for pr	oduce		
			misting section	٦.)			
Received by	(name and	title j		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
l							



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Establishme	ent Name			Telephone Number	Date of Inspe	ction	ID#
JASP	FR (CO	MMUNITY ARTS	812-482-3070	(mm/dd/yr)		112
			mber and street, city, state, zip code)		12/14/2	2022	112
			AVENUE, JASPER, IN, 47546	⁽ 812-482-3070			
Owner	0 = 1/			Purpose:	Follow-up	Releas	
CITY (<u>\SI</u>	PER	✓ Routine	No	12/	24/2022
Owner's Ad			14 ODED IN 47540	Follow-up	Summary of	Violation	is:
		t, J	IASPER, IN, 47546	Complaint	\cap	() ()
Person in C	_			Pre-Operational	$_{\rm C}$	NC_(\mathcal{L}_{R}
Kyle F			2	Temporary) (T	/C 1.1:	
Responsible	e Person's	L-ma	11	НАССР	Menu Type	(See aaan	ionai page)
Certified Fo	ood Handle) P		Other (list)	10,0	$)_{2}$	$)_4\bigcirc_5\bigcirc$
			o. 1/31/2025		102	<u></u>	4030
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			Facility is currently being	remodeled.			
			, , , ,				
D : 11		414	· D	Y (11 / 123	· D		
Received by	(name and	title		Inspected by (name and title pr Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo JASP		-1 (OWERS & GIFTS	Telephone Number (812-634-2700	Date of Insp (mm/dd/yr)		1D#
Establishme	ent Addres	s (nui	mber and street, city, state, zip code)	(a.)Owner	12/12/	2022	110
1524 N	<u> 1EWI</u>	O	N STREET, JASPER, IN, 47546	012-309-1404			
Owner LISA L	_AMC	N	Γ	Purpose: Routine	Follow-up No		e Date 22/2022
Owner's Ac			14 ODED 11 47540	Follow-up	Summary of	of Violation	ns:
		JS	, JASPER, IN, 47546	Complaint	\cap	() (
Person in C		N	Γ	Pre-Operational Temporary	c	NC_	R O
Responsible	e Person's	E-mai	il .	НАССР	Menu Type	: (See addi	tional page)
C46-1E	J II JI			Other (list)	.()	\bigcirc_3	\bigcirc
Certified Fo			3/12/2025		1 <u>2\</u>	<u>3</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm KALE		RC	DSSROADS SERVICE	Telephone Number (812-678-5358	Date of Insp (mm/dd/yr)		119
			mber and street, city, state, zip code) 56, DUBOIS, IN, 47527	⁽ 812-678-5358	12/16/	2022	
Owner MORF	RIS A	ND	GERALD KALB	Purpose:	Follow-up No		se Date 26/2022
	E HW	Υ	56, DUBOIS, IN, 47527	Follow-up Complaint	Summary		
	LĎ A		D MORRIS KALB	Pre-Operational Temporary	c_ U _	NC_(
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			XP 6/26/2023	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
-							
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme KLUE		ıc	61	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-482-2898	12/14/	2022	121
			N STREET, JASPER, IN, 47546	⁽ 812-630-1355			
Owner GAIL I	HETT	IN	GER	Purpose: Routine	Follow-up		e Date 24/2022
Owner's Ac			<u></u>	Follow-up	Summary o		
890 E	. 190	Ν.,	JASPER, IN, 47546	Complaint		_	
Person in C Jamie		/Bo	eth Harold	Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified For Jamie			0 4/3/2023	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			То Ве Со	rrected By
			No violations observed at time	ne of inspection.			
					-		
Received by	(name and	title p		Inspected by (name and title pour Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme LOS E		/O	S MEXICAN RESTAURANT	Telephone Number (812-482-7564	Date of Ins (mm/dd/yr)	1D# 129
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.a.)Owner	12/05	/2022	•
Owner	_			Purpose:	Follow-u		
maria				Routine	No	12/	15/2022
Owner's Ad 5977 N		JΑI	H DR., NEWBURGH, IN, 47630	Follow-up	Summary	of Violation	
Person in C		47 (Complaint	1 1	NC_1	. 2
Martin		ı Jr	•	Pre-Operational	C	NC	R <u></u> _
Responsible	Person's	E-ma	il	Temporary	Menu Typ	e (See addii	tional page)
				HACCP			
Certified For FREDI			5/20/24	Other (list)	1 2		<u>/4</u> <u>5</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
342	С	R	Observed both hand sinks, bar and kitcher	n, to not be reaching	at least	12/1	15/2022
			100 degrees Fahre	nheit.			
351	NC	R	Observed trashcans in women's res	stroom to not have	lids.	06/0)5/2023
			**Did follow-up inspection and observed	both hand sinks to	not be		
			reaching at least 100 degrees. Spoke witl	h owner who said he	would		
			call Messmer Mechanical to look at hot w	vater heaters. Will ca	all and		
			follow-up with owner in two days to mak	e sure issue is reso	lved.**		
Received by	(name and	title j	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	HOL		E OF JASPER, INC. mber and street, city, state, zip code)	Telephone Number (812-482-4345	Date of Insp (mm/dd/yr)		10# 144
1340 [MILL	ST	REET, JASPER, IN, 47546	⁶ 812-309-6003			
Owner WILLI	AM A	NE	KIMBERLY AULL	Purpose: Routine	Follow-up NO		Date 24/2022
Owner's Ad 2150 \		llL(OH LANE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge) KIMBERLY AULL	Pre-Operational	c_1	NC_) _R 1
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			 23	Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA		
Section#	C/NC	R	Narrative				orrected By
177	С	R	Observed boxes being stored on the floor in	n walk-in freezer and s	storage	12/2	26/2022
			room.				
			Working with owner on better solution	on for basement ce	eilina		
			<u> </u>				
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
Received by	(name and	une j		Kymberlee	inica).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo NICH		0	N VALLEY STORE	Telephone Number (812-678-3333	Date of Inspe (mm/dd/yr)		то# 149
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		12/16/2	2022	1 10
	EAST	ST	TATE RD. 56, DUBOIS, IN, 47527	⁽ 812-653-5053			
		L	ORRIE SMOCK	Purpose: Routine	Follow-up No	Releas	e Date 26/2022
Owner's Ac		- Б	D 56, DUBOIS, IN, 47527	Follow-up	Summary of	Violation	is:
Person in C		<u> </u>	D 30, DOBOIS, IN, 47327	Complaint	_~ 0	$_{\rm NC}$) _ ()
		L	ORRIE SMOCK	Pre-Operational Temporary	C	NC_	_ R
Responsible	e Person's	E-mai	il	HACCP	Menu Type	See addit	tional page)
Certified Fo	ood Handle	er		Other (list)	1(),()3(•))4050
			mock 7/19/2024		1	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAF	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm OLD		00	OL CAFÉ	Telephone Number (812-683-4392)	Date of Ins (mm/dd/yr)	j	то# 153
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	(a. d) where and a	12/14	/2022	
Owner			SANDRA AHLEMEIER	Purpose:	Follow-up		se Date 24/2022
Owner's A	ddress		FERDINAND, IN, 47532	Follow-up		of Violation	ns:
Person in C Sandy	harge			Complaint Pre-Operational	c_0	NC_($\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ		tional page)
Certified For Sandra			eier exp. 5/12/2026	Other (list)	1 <u>0</u> 2	<u></u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAI	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
22:					20:		
cc:			cc:		cc:		



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Establishmo		CO	SSAR JOINT VENTURE LLC)	Telephone Number (812-634-9001	Date of Ins (mm/dd/yr)	163
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) 231 S, JASPER, IN, 47546	734-510-4249		/2022	
Owner		•	201 0, 0, 101 211, 111, 11 0 10	Purpose:	Follow-uj	Releas	se Date
shawr	n cam	alig	g	Routine	No		24/2022
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
275 riv	ver ce	entr	re landing , jasper, in, 47546	Complaint	-		
Person in C				Pre-Operational	$_{\rm C}$ Z	NC 4	$\frac{2}{R}$
shawr				Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
G 10 15				Other (list)			\bigcap
Shawn camalig 11-9-2027						<u> </u>	<u> 7405</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	С	R	Observed buildup of dust/dirt/debris thro	ughout facility, walls	, floors	12/2	26/2022
			in walk-in cooler and food	d prep areas.			
297	NC	R	Observed excessive buildup of dust/dirt	debris/mold on rac	ks and	06/1	14/2023
			surfaces throughout wal	lk-in cooler.			
310	NC		Observed excessive buildup of dust/dirt/	mold on cooler fans	inside	06/1	14/2023
			walk-in cooler	r.			
193	С		Observed foods in topping station to not ha	ave a proper labeling	system	12/2	26/2022
			to indicate times of holding/dis	scarding product.			
Received by	(name and	title p	,	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm SULT		S F	RUN GOLF CLUB LLC	Telephone Number (812-482-1009)	Date of Ins (mm/dd/yr))	1D# 188
			mber and street, city, state, zip code) IAN ROAD, JASPER, IN, 47546	(0.4)Owner 0.4000	12/14		
Owner CHRIS	S TRE	ΞT	ΓER	Purpose: Routine	Follow-up No		se Date 24/2022
	N MEF	RID	IAN ROAD, JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	
Person in C Phil B	arth			Pre-Operational Temporary		NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Phil Ba			/26	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				'			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme				Telephone Number	Date of Inspe	ction	ID#
SUNS	SET (CI	ГGO	812-634-6530	(mm/dd/yr) 12/05/2	0022	189
			MVENUE, JASPER, IN, 47546	⁽ 812-683-4529	12/03/2	.022	
Owner JAYM		SC	HE	Purpose: Routine	Follow-up No		e Date 15/2022
Owner's Ad		ot (Ct., HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary of	Violation	is:
Person in C	harge			Pre-Operational	$_{\rm c}$ U	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$
MISSY			2	Temporary		/C 11:	· · · · ·
Responsible	e Person's	E-mai	ш	НАССР	Menu Type	(See aaan	tonal page)
Certified Fo			e 5/1/2023	Other (list)	$1\bigcirc 2$	<u>)</u> 3 <u>C</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	o Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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							-
Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#
SUPE				812-481-2008	12/12		190
			mber and street, city, state, zip code)	(812-630-9936	12/12/	2022	
75 INL	DIANA	4 S	STREET, JASPER, IN, 47546	012-030-9930			
Owner				Purpose:	Follow-up		se Date
DAXE	SH P	ΑT	EL	Routine	No	12/	22/2022
Owner's Ac				Follow-up	Summary	of Violation	ns:
75 IN[DIANA	٩S	STREET, JASPER, IN, 47546	Complaint		_	_
Person in C	harge			Pre-Operational	$\bigcup_{i \in \mathcal{U}} U_i$	NC ($0_{\rm R}$
Prites	h Pate	el			C	NC	
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo	ood Handle	er		Other (list)	$_{1}()_{2}($	$()_3 (\bullet$	$)_{4}()_{5}()$
			Patel exp. 10/25/2022		1	<u> </u>	<u></u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED "C"			
• CRITICAL	ATTEMIS AN	Œ IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMINS IN	TARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	title j	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signatura	١٠		Inspected by (signature):			
Acceived by	(Signature)	,.		inspected by (signature).			
cc:			cc:		cc:		
Ī							



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Establishm SURE		ĄΥ	PLUS	Telephone Number (812-482-5555	Date of Ins (mm/dd/yr)		1D#
			mber and street, city, state, zip code) NG ROAD, JASPER, IN, 47546	⁽ 509 ⁻ 759-5544	12/12	2022	
		ΕP	BASRA	Purpose: Routine	Follow-up		ne Date 22/2022
	/ERN	SIN	NG ROAD, JASPER, IN, 47546	Follow-up Complaint		of Violation	_
Person in C SONIA	4 BAS			Pre-Operational Temporary	c_ O _		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Gagan			Basra exp. 9-05-2022	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>)4</u> 05 <u></u> 0
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
				•			
Received by	(name and	title j	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishm WOO		HE	EIMER'S BAR AND GRILL	Telephone Number (812-695-3211	Date of Ins (mm/dd/yr)	ID# 214
			mber and street, city, state, zip code) VILLE RD., JASPER, IN, 47546	(a. d)Owner a a co	12/16	/2022	
Owner BRAN	DON	1A	ND LUCINDA GRIMES	Purpose:	Follow-up		e Date 26/2022
Owner's Ac 1839 l		۸Y	231, LOOGOOTEE, IN, 47546	Follow-up Complaint	Summary	of Violation	
	DÖN		ND LUCINDA GRIMES	Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			MES EXP 8/18/2026	Other (list)	1 2	<u>3</u>	<u>)4050</u>
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	NC	R	Observed excessive dust/dirt/oil buildu	p on fryers, flattop	griddle	06/	16/2023
			and walls around cook	king area.			
				<u> </u>			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm CHRIS		ΛIN	ISTRIES OF HUNTINGBURG, INC.	Telephone Number (812-683-5490	Date of Instance (mm/dd/yr)		1D# 220
Establishm 321 E	ent Addres 4TH S	s (nu TR	mber and street, city, state, zip code) EEET, HUNTINGBURG, IN, 47542	(a.)Owner = - 100	12/14/	2022	
Owner CHRIS	TIAN	MIN	IISTRIES OF HUNTINGBURG INC.	Purpose: Routine	Follow-up No		e Date 24/2022
Owner's Ac	ddress			Follow-up	Summary	of Violation	
Person in C		-R		Complaint Pre-Operational	c_ O	NC_	$\frac{0}{R}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u></u>	<u>_4</u> _5
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
Received by	I (name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme DUBO		 1U(NTY COMMUNITY FOOD BANK	Telephone Number (812-482-900	Date of In (mm/dd/y	r)	1D# 222
Establishme	ent Addres	ss (nui	mber and street, city, state, zip code) DIAN RD, JASPER, IN, 47546	812-482-900	12/12	2/2022	
Owner AMAN	IDA D		EW, MANAGER	Purpose:	Follow-u No		se Date //22/2022
Owner's Ad	idress			Follow-up	Summary	of Violation	
Person in C	IDA D			Complaint Pre-Operational Temporary	c <u>0</u>	NC_	$\frac{1}{R}$
Responsible	Person's	E-mai	il	НАССР	Menu Ty		tional page)
Certified Fo	od Handle	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	, ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS"	AND IN THE I		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ie of inspection.			
Received by	(name and	title p		Inspected by (name and titll Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

E (111 1	4.30			T 1 1 N 1	D (CI		TD #
Establishm Badbloo		DB	A Jimmy John's Gourmet Sandwiches	Telephone Number 812-706-9613	Date of Ins (mm/dd/yr) 12/12		308
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-706-9613	12/12	2022	
Owner 10877	WES	ST	ENGLISH COURT	Purpose:	Follow-up		e Date 22/2022
Owner's Ac 10877 V		ENG	SLISH COURT, NEWBURGH, IN, 47630	Follow-up Complaint	Summary	of Violation	
	WES		ENGLISH COURT	Pre-Operational Temporary	c_ U	NC_	
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified Formichae			d 6/12/23	Other (list)	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				I			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm Thyel		ırk	Cultural Center	Telephone Number 812-482-3070	Date of Ins (mm/dd/yr)		340
			mber and street, city, state, zip code) Lite a, jasper, IN, 47546	(812-482-3070	12/17/	/2022	
Owner JASPI	ER C	OM	MUNITY ARTS	Purpose: Routine	Follow-up		se Date 24/2022
Owner's Ac		t, J	IASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C Kyle F	Ruper			Pre-Operational Temporary			0_{R}
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified For EMILY			exp. 1/31/2025	Other (list)	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	SUMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at t	ime of inspection.			
D : 11	,	4'41	·	T	· D		
Received by	(name and	title j	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:	I	cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishme			NIN IAODED	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			NN JASPER	812-556-2888	12/12/2	2022	386
			mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	(812-556-2888	,, _	-0	
Owner COMF	ORT	IN	N	Purpose: Routine	Follow-up NO		e Date 22/2022
Owner's Ad		T ^	LITY DDIVE 14 ODED IN 47540	Follow-up	Summary of	Violation	ns:
		ΙA	LITY DRIVE, JASPER, IN, 47546	Complaint	\cap	()
Person in C	_			Pre-Operational	C	NC	R = R
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР		\ C	
Certified Fo			nber to get servsafe	Other (list)	1 2	<u>)</u> 3 <u>(•</u>	<u>14050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	o Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):	-		
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo	ent Name			Telephone Number	Date of Ins	Date of Inspection ID #		
FRIEN	IDS H		PITALITY OF FERDINAND LLC	⁽ 812-367-0951	(mm/dd/yr		388	
			mber and street, city, state, zip code) PARK RD, FERDINAND, IN, 47532	⁽ 812-430-6125	12/21	72022		
Owner MANIS	SH M	AL	HOTRA	Purpose: Routine	Follow-uj		e Date 31/2022	
Owner's Ac 8366 S		Εſ	DRIVE, NEWBURGH, IN, 47630	Follow-up Complaint	Summary	of Violation	is:	
Person in C		AL	HOTRA	Pre-Operational	$_{\rm C}$ $_{\rm U}$	NC_	<u> </u>	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)	
Certified Fo			son 8/25/2026	Other (list)	102	<u>3</u>	0_4 0_5	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations observed at tim	ne of inspection.				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	E'S (TERING	Telephone Number (812-639-3178 Date of Inspection (mm/dd/yr) 12/28/2022 24				
			mber and street, city, state, zip code) STREET P.O. BOX 44, ST. ANTHONY, IN, 47575	() Owner	,			
Owner ARNIE		LP		Purpose: Routine	ne Date 07/2023			
Owner's Ac	ddress			Follow-up Complaint	Summary	of Violation		
Person in C		LP		Pre-Operational Temporary	c_ U	NC_($\frac{1}{R}$	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)	
Certified For Arnold			2/2026	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
Section	C/TC	IX	No violations observed at tim	o of increation		10 DC CC	orrected by	
			ino violations observed at till	ie oi irispection.				
Received by	(name and	title j		Inspected by (name and title pr	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	AIS N		RKET	Telephone Number (812-684-8090	Date of Ins (mm/dd/yr)	ID# 415
Establishm 405 S	ent Addres MAIN	ss (nu V S	mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542	⁽ 812-470-6776	12,11	, 2022	
Owner JOSE	FLOI	RE	S	Purpose:	Follow-up		se Date 24/2022
Owner's Ac		ve	, HUNTINGBURG, IN, 47542	Follow-up		of Violation	_
Person in C JOSE	Charge			Complaint Pre-Operational	c_1	NC_	$\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Karen			6/14/2026	Other (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
144	С		Observed dented cans on the	e shelf for retail.		Co	rrected
Received by	(name and	l title		Inspected by (name and title position Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

	HER		ARMS NATURAL FOODS	Telephone Number (812-481-1411	Date of Ins (mm/dd/yr		1D# 428
Establishm 4630 S	ent Addres S. CRO	os (nu OS	mber and street, city, state, zip code) S ST., ST. ANTHONY, IN, 47575				
Owner DIANA	A FIS	СН	ER	Purpose: Routine	Follow-uj		e Date 07/2023
Owner's Ac 4630 S		os	S ST., ST. ANTHONY, IN, 47575	Follow-up Complaint	_ `	of Violation	_
Person in C		СН	ER	Pre-Operational Temporary	c_ U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For EXEM		er		Other (list) 	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishm		ıт	DITION	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#	
			RITION	812-518-9481	12/12/	2022	431	
			mber and street, city, state, zip code) STREET, JASPER, IN, 47546	⁽ 812 ⁻ 630-0369	,,			
Owner JODY	VER	ΚA	MP	Purpose: Routine	Follow-up No	Releas	e Date 22/2022	
Owner's Ac 5499 \		k F	Ridge Dr, JASPER, IN, 47546	Follow-up Complaint	Summary o	_		
Person in C	Charge			Pre-Operational	c O	NC_($\frac{\mathbf{U}}{\mathbf{R}}$	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	ional page)	
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3	0_4	
			า 12-24-2026					
• CRITICAI	L ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	* *	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
			No violations observed at time	ne of inspection.				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):			
				Inspected by (signature):				
cc:			ce:		cc:			



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	DER		MILY MEAT MARKET	Telephone Number (812-326-1001	Date of Ins (mm/dd/yr 12/28	1D# 437	
			mber and street, city, state, zip code) TREET, SAINT ANTHONY, IN, 47575	⁽ 812-326-1001	12/20		
Owner KENT	SAN	DE	R	Purpose: Routine	Follow-up No		e Date 07/2023
	Deer	Tra	ail, Huntingburg, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	SAN			Pre-Operational Temporary	C	NC	
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Tara L			exp. 03/02/2027	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAI	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
192	С		Observed expired cottage cheese	on the shelf for ref	tail.	Co	rrected
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishmo 739 W Owner Chelso Owner's Ad	d C C ent Addres / 3rd S ea Bla	s (nu St,	Arcuterie, LLC The mber and street, city, state, zip code) Huntingburg, IN, 47542 Huntingburg, IN, 47542	Telephone Number (270-570-5731 (270-570-5731 Purpose: Routine Follow-up	Date of Insp (mm/dd/yr) 12/14/ Follow-up NO	2022 Releas 12/	1D # 439 The Date 24/2022
Person in C	harge			Complaint Pre-Operational	$_{\rm c}$ 0	NC_($\binom{1}{R}$
Chelse				Temporary	M T		tional page)
Responsible	e Person's	L-ma	11	НАССР	Menu Type	(See aaan	nonal page)
Certified Fo	ood Handle	er		Other (list)	$1 \bigcirc 2$	<u>•)</u> 3 <u>C</u>	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE NA	DD ATIME	DELOW AC "D"
• VIOLATIC Section#	C/NC	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MMARY OF VIOLATIONS" AN			orrected By
Section	C/IC	IX	Natiauve			TO DE CE	Trected By
			**Commissary stated that they have	not seen Chelsea	prep		
			there in months				
Received by	(name and	title p	printed):	Inspected by (name and title processing Pie			
				Inspected by (signature):			
cc:			cc:		cc:		



State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

Establishment Name					phone Number	Date of Insp (mm/dd/yr)	ection	ID#
McAli				(81	12-817-0687	12/14/	2022	440
			nber and street, city, state, zip code) n St, Jasper, IN, 47546	⁽ 97	71-219-3336			
Owner McAlis	ster's	De	li		pose: Coutine	Follow-up No		te Date 24/2022
Owner's Address					ollow-up	Summary o	of Violation	ns:
3803 N Newton St, Jasper, IN, 47546 Person in Charge					Complaint	\cap	() ()
Chris		h		L_P	re-Operational	c_ O	NC_	R
Responsible			1	=	'emporary	Menu Type	(See addi	tional page)
				=	IACCP	\bigcirc (
Certified For Chris [10/2025		Other (list)	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	LITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKE	D "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMAR	Y OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at time	ne o	f inspection.			
				Inspected by (name and title printed): Kymberlee				
Received by	(signature)):			cted by (signature):			
cc:			cc:			cc:		