

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

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Establishme DUTCH		Г- В	LESCH SALES AND SERVICES INC.	Telephone Number (812-536-3421	Date of Ins (mm/dd/yr	ì	ID# 14
			mber and street, city, state, zip code) ST., HOLLAND, IN, 47541	⁽ 812-536-3421	01/06	/2023	
Owner V. LEE	E BLE	ESC	CH	Purpose:	Follow-up		se Date //16/2023
Owner's Ad P.O.B		41,	HOLLAND, IN, 47541	Follow-up Complaint	Summary	of Violation	_
Person in C		ES	CH	Pre-Operational	c_ U _	NC_	$\frac{\mathbf{J}}{\mathbf{R}} \mathbf{U}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For		er		Other (list)	1 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	LITEMS AF	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 tin	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:		



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•							
Establishme BRICK		ΞΝ	PIZZA / CHESTER CHICKEN	Telephone Number (812-481-2766)	Date of Ins (mm/dd/yr 01/18)	1D# 18
			mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	⁽ 812-309-2097	01/10	/2023	
Owner ROBE	RTK	NI	GHT	Purpose:	Follow-up No		e Date 28/2023
Owner's Ac 13465		₹ 6	2, GENTRYVILLE, IN, 47537	Follow-up Complaint	_ `	of Violation	
Person in C		NI	GHT	Pre-Operational	c_1	NC_	R_
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			Jr exp. 6-28-2023	Other (list)	$1 \bigcirc 2$	<u>3</u>	0_4 0_5
• 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
295	NC	R	Observed buildup of dust/dirt/debris on ci	rcular floor fan and i	n need	07/1	18/2023
			of cleaning.				
343	С		Observed hand sink to be broken	and in need of rep	air.	01/3	30/2023
			**Permission from the property manag	er was given to hav	e sink		
			repaired.**	or mae green to man	0		
Received by	(name and	title		Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme			INICC AND DINICC	Telephone Number	Date of Ins (mm/dd/yr		ID#
			VINGS AND RINGS	812-482-9464	01/18	/2023	21
			mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	⁽ 812-630-4169			
Owner MIKE	WFY	FR	}	Purpose: Routine	Follow-u		28/2023
Owner's Ad			1	Follow-up		of Violation	
P.O. E	30X 6	667	', JASPER, IN, 47547	Complaint	Summary		
Person in C	harge		· · · · · · · · · · · · · · · · · · ·	Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC 4	$\frac{2}{R}$
Doug				Temporary			
Responsible	Person's	E-ma	il	НАССР	Menu Typ	e (See addii	ional page)
Certified Fo	ood Handle	er		Other (list)	1()2	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			1ANIAN 12/13/2026			<u></u>	<u> </u>
• CRITICAL	ITEMS AR	RE 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	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
433	NC		Observed mops not being	hung to dry.		07/1	18/2023
295	NC	R	Observed buildup of dust/dirt/debris on wa	alk-in cooler fans and	ceiling	07/1	18/2023
			vents in kitchen a	area.			
Received by	(name and	title j		Inspected by (name and title p	rinted):		
Received by	(signature)):		Inspected by (signature):			
	- ′			- · · · · · · · · · · · · · · · · · · ·			
cc:			cc:		cc:		



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Establishme			T 01110000 "55	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			T. SUNOCO #55	812-634-1121	01/11/2	2023	35
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546		0 17 1 172	-0-0	
Owner HAWKS	TONE	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Purpose: Routine	Follow-up No		e Date 21/2023
Owner's Ad				Follow-up	Summary of	f Violation	ns:
		rk I	rd, harrison, oh, 45030	Complaint	\cap	() (
Person in C	_	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Pre-Operational Temporary	c_ U	NC_	R U
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
C C LE	177 11			Other (list)	10.0	$)_3$	\bigcirc
Certified For MADIS			'ER 7/15/2025		102	<u></u>	4030
• 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 "SUR	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 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:			сс:		cc:		



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Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			SUNOCO #61	812-389-2811	01/30/2	2023	36
			D. 64, BIRDSEYE, IN, 47513	⁽ 513 ⁻³⁶ 7-9905			
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-up NO		e Date 09/2023
Owner's Ad		-0-	OK DD 114 DD100N 011 45000	Follow-up	Summary of	Violation	ns:
		·Or	RK RD, HARRISON, OH, 45030	Complaint	\cap	() (
Person in C Angela		29r	ner	Pre-Operational	c_ U	NC_	$R_{\rm R}$
Responsible				Temporary	Menu Type	(See addi	tional page)
•				НАССР		_	
Certified Fo			IER 9/11/2023	Other (list)	1 <u>0</u> 2(<u>)</u> 3 <u>©</u>	<u>14050</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		7	Го Ве Со	rrected By
			No violations observed at tim	ne of inspection.			
Received by	(name and	title 1	arinted):	Inspected by (name and title pr	rinted):		
·				Kymberlee	inica).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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				T			
CELE		۱E	SUNOCO#57	Telephone Number (812-482-2707)	Date of Ins (mm/dd/yr)	1D# 37
Establishm 6661 E	ent Addres ST. M	ss (nu IAR	mber and street, city, state, zip code) Y STREET, CELESTINE, IN, 47521	⁽ 812-634-1074	01/18	/2023	
Owner HAWKS	TONE	AS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-uj		se Date 28/2023
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_) _R 1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For MALC			STER 7/15/2025	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	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 orange juice and apple	slices on the shelf fo	r retail.	Co	rrected
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		\sim	ALV CLINOCO #EQ	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			NY SUNOCO #58	812-326-2500	01/30/	2023	38
			mber and street, city, state, zip code) ROAD 64, ST ANTHONY, IN, 47575	⁽ 513 ⁻³⁶ 7-9900			
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-up No		e Date 09/2023
Owner's Ad			DI DD 114 DD10011 011 45000	Follow-up	Summary o	f Violation	is:
		·Oŀ	RK RD, HARRISON, OH, 45030	Complaint	1	(1
Person in C	Charge			Pre-Operational	C	NC_	, R_I
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc	$)_3$	
Certified Fo			PBELL 7/15/2025		1 2	<u>3</u> C	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 "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	rrected By
192	С	R	Observed expired lunchables and eg	gs on the shelf for	retail.	02/0	9/2023
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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	WA		SUNOCO #56	Telephone Number (812-634-7827	Date of Ins (mm/dd/yr		ID# 39	
			mber and street, city, state, zip code) 'AY, JASPER, IN, 47546	⁽ 513 ⁻ 367-9900		72020		
Owner HAWKS	TONE	AS:	SOCIATES IN/DBA TRUMPH ENERGY	Purpose:	Follow-uj		e Date 28/2023	
Owner's Ad 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up Complaint	_ *	of Violation	_	
Person in C HAWKS		AS:	SOCIATES IN/DBA TRUMPH ENERGY	Pre-Operational	C	NC_	2 _R 0	
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	pe (See addit	ional page)	
Certified Fo			MAN 7/15/2025	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"				
• VIOLATIC	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	
218	NC		Observed under counter fridge in Blimpi s	station is collecting wa	ater on	07/1	8/2023	
			the bottom she	lf.				
191	С		Observed no dating system on B	Blimpi sandwich line	e.	01/3	30/2023	
257	NC		Observed no thermometers in any of the	served no thermometers in any of the refrigerators on the Blimpi				
			sandwich line).	-			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)	Œ		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		F	SUNOCO #54	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	812-695-2505	01/25/2	2023	42
			JASPER, IN, 47546	⁽ 513-367-9900			
Owner HAWKS	TONE /	ASS	OCIATES INC/DBA TRIUMPH ENERGY	Purpose: Routine	Follow-up	Releas	e Date 04/2023
Owner's Ac				Follow-up	Summary of		
9171	DRY F	OF	RK RD, HARRISON, OH, 45030	Complaint	Summary of	Violatioi	15.
Person in C		ASS	OCIATES INC/DBA TRIUMPH ENERGY	Pre-Operational	c <u>U</u>	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible				Temporary	Menu Type	(See addii	tional page)
				НАССР			
Certified Fo		er		Other (list)	102	<u>)</u> 3 <u>C</u>	<u>)</u> 4 <u>U</u> 5 <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	To Be Co	rrected 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:			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	_	OF	RTHSIDE	Telephone Number (812-482-6363	(mm/dd/yr)	Date of Inspection (mm/dd/yr)		
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(0.4)Owner 4 0000	01/11	/2023	45	
	V⊏VV I	Οľ	N STREET, JASPER, IN, 47546					
Owner JAYM	E RA	SC	HE	Purpose: Routine	Follow-up No		e Date 21/2023	
Owner's Ad			0	Follow-up	Summary	of Violation	is:	
		ot (Ct., HUNTINGBURG, IN, 475442	Complaint	2	\boldsymbol{c}	1	
Person in C		/E/	/Diana Kleeman	Pre-Operational Temporary	C	NC_C	/ R	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addit	tional page)	
				Other (list)		\bigcirc_3		
Certified Fo			n exp 1/19/2027		1 <u></u> 2	<u>3</u>	<u>/4</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 N.	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	rrected By	
177	С	R	Observed boxes of to-go cups being stored	on the floor in back s	storage	01/2	23/2023	
			area.					
345	С		Observed hand sink in grill area to have di	irty dishes being store	ed in it,	01/2	23/2023	
			preventing employees from prop	erly washing hand	s.			
				, ,				
Received by	(name and	title j	printed):	Inspected by (name and title pr	rinted):			
				Kymberlee				
Received by	(signature)):		Inspected by (signature):				
ce:			се:		cc:			



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

Establishmond 1710 N Owner DOLG Owner's Ac 100 MIS Person in C	AR Cent Address SENCE Control of the	OR RIE	ENERAL STORE #2144 The mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542 RP, LLC. DGE, GOODLETTSVILLE, TN, 37072 RP, LLC.	Purpose: Routine Follow-up	Follow-up NO Summary C	P Release 01/	
Certified Fo	ot		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	HACCP Other (list)	1	<u></u>)4050
					D IN THE N	ADD ATINE	DELOW AC "D"
Section#	C/NC		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN Narrative	MIMARY OF VIOLATIONS AN	DINTHEN		
144	C	R R	Observed severely dented cans of	on the shalf for rate	sil		rrected By
144	C	Γ	Observed severely defiled caris c	on the shell lot lete	111.		recied
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			ENERAL STORE #2743	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	423-939-9540	01/19/2	2023	57
			NUE, JASPER, IN, 47546	615-855-4000			
Owner DOLG	ENC	OR	RP, LLC.	Purpose:	Follow-up No		e Date 29/2023
Owner's Ac	ddress			Follow-up	Summary of	Violation	ns:
		RII	OGE, GOODLETTSVILLE, TN, 37072	Complaint	آ م	_	
Person in C Ryan		X		Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible			il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo		er		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		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 tir	ne of inspection			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
		•		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
1					1		



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	NERAL STORE #4509	Telephone Number (812-329-2650)	Date of Ins (mm/dd/yr 01/09)	1D# 58
			mber and street, city, state, zip code) HEIM RD., JASPER, IN, 47546	615-855-4000	01/08	72023	
Owner DOLG	ENC	OR	RP, LLC.	Purpose: Routine	Follow-uj No		ne Date 19/2023
Owner's Ad		RIE	OGE, GOODLETTSVILLE, TN, 37072	Follow-up	-	of Violation	
Person in C			- , , , ,	Complaint	2	($\frac{1}{2}$
rebeco		۱wr	า	Pre-Operational	C	NC_	R
Responsible				Temporary	Menu Tvr	e (See addi	tional page)
F			-	НАССР			
Certified Fo	ood Handle	er		Other (list)	$1 \bigcirc 2$	(•) ₃ ()4()5()
Exemp	ot				1	<u> </u>	<u></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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
144	С	R	Observed dented cans on the	e shelf for retail.		Со	rrected
192	С	R	Observed expired lunchmeat or	the shelf for retail	_	Co	rrected
			•				
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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Establishme		— ГR	EE #01349	Telephone Number (812-482-4497	Date of In (mm/dd/y	r)	ID# 60
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(75) 0wner 4 5000	1 01/08	9/2023	00
3601 NE	OTWE	1 S	TREET, UNIT 101, JASPER, IN, 47546				
Owner DOLL	AR TI	RE	E STORES, INC.	Purpose: Routine	Follow-u No		e Date 19/2023
Owner's Ad		ΣΛ Ε	RKWAY, CHESAPEAKE, VA, 23320	Follow-up	Summary	of Violation	is:
Person in C		Ar	KRVAT, CHESAFEARE, VA, 23320	Complaint	2	_ _{NC} _1	3
BAILE	_			Pre-Operational	C	_ NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Ty	pe <i>(See addit</i>	ional page)
Certified Fo	and Handle			Other (list)	$1_{1}\bigcirc_{2}$	(1),(),(),()
Exemp		;г					<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 "SUM	MMARY OF VIOLATIONS" A	ND IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
144	С	R	Observed overcrowding of boxed production	uct in back storage	e which	01/1	9/2023
			could cause a potential infestation of insec	cts/vermin and dent	ed cans		
			on the shelf for re	etail.			
433	NC	R	Observed mops not being	hung to dry.		07/1	0/2023
177	С	R	Observed boxes being stored on the flo	oor in back storage	e room.	01/1	9/2023
Received by	(name and	title p		Inspected by (name and title Kymberlee	printed):		
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 EL M		ΕY	GRILL	Telephone Number (812-481-1799	Date of Ins (mm/dd/yr		1D# 66
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	⁽ 812-319-3805			
Owner DAGC	BER	TC	MOSQUEDA	Purpose: Routine	Follow-uj		30/2023
Owner's Ac 8619 V		unt	y Rd. 150 N, Richland, IN, 47634	Follow-up Complaint		of Violation	_
Person in Co		lop	ez Mosqueon	Pre-Operational	c	NC_	$\frac{2}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	tional page)		
Certified Fo			MOSQUEDA 02/13/2025	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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
343	С	R	Observed no working hand sink in bar a	rea, preventing emp	loyees	01/3	30/2023
			from washing hands	properly.			
173	С	R	Observed raw eggs being stored above r	eady to eat foods (le	mons)	01/3	30/2023
			in walk-in coole	er.			
217	NC		Observed food in reach in cooler on		red in	07/2	20/2023
			unapproved packages (gr				
347	NC		Observed no paper towels at hand wash		okline.	07/2	20/2023
			1 1				
Received by	I (name and	title p		Inspected by (name and title properties) Kymberlee	inted):		
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

	LY D		LAR #31267	Telephone Number (812-817-3116	Date of Ins (mm/dd/yr		1D# 69
Establishmo	ent Addres 「ATE	s (nui RC	mber and street, city, state, zip code) DAD 64, BIRDSEYE, IN, 47513	⁽ 75 ⁷ -321-5058	01/30	72023	
)LL	AR STORES OF IN, LLC	Purpose: Routine	Follow-uj		ne Date 09/2023
Owner's Ac		PAF	RKWAY, CHESAPEAKE, VA, 23320	Follow-up	Summary	of Violation	18:
Person in C	harge			Complaint Pre-Operational	$_{\rm C}$ 1	NC_) _R 1
tony D		E-mai	ii	Temporary	Menu Tvi	oe (See addi	tional page)
				НАССР			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certified For Exemp		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>14</u> 050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N		
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:		



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

Establishmo		ТБ	PIZZA & GRILL (PBTP INC)	_	one Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	7	-683-3669	01/18/2	2023	81
			EET, HUNTINGBURG, IN, 47542	812	-639-7916			
Owner JOHN	P. S	AC	IGER	Purpose Rout		Follow-up NO	Releas	28/2023
Owner's Ac	ldress			Follo	ow-up	Summary of	Violation	ıs:
		ST	REET, HUNTINGBURG, IN, 47542	Com	plaint		_	_
Person in C		ΛC	IGER		Operational	c <u>2</u>	NC_	, R
Responsible	e Person's	E-ma	il	HAC	porary CCP	Menu Type	(See addit	ional page)
Contified Food Handley					er (list)	101	$)_3$),(),()
John P. Songer exp. 5/23/2027						102	<u></u>	<u>/4030</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C	C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY O	OF VIOLATIONS" ANI	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			7	o Be Co	orrected By
345	С		Observed dirty cup in hand sink by pizza	oven pr	reventing empl	loyees	01/3	30/2023
			from washing ha	nds.				
191	С	R	Observed no dating system on pizza topp	ings in	reach in coole	ers on	01/3	30/2023
			food prep line) .				
Received by	(name and	title j		-	by (name and title pri	inted):		
					nberlee			
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

	DAY		DODS #5 mber and street, city, state, zip code)	(8	12-482-4464	Date of Ins (mm/dd/yr		ID# 95
			NUE, JASPER, IN, 47546	8'	312-937-4428			
Owner JOSH		/IN	KLER		rpose: Routine	Follow-uj		e Date 28/2023
Owner's Ac		hler	f, Dale, IN, 47523		Follow-up	-	of Violation	
Person in C		Jan	, Dale, 111, 47 323	┡	Complaint	$_{\rm c}$ 1	$_{\rm NC}$	3 , 3
Mark I		er			Pre-Operational Temporary	<u>-</u>	NC_	<u> </u>
Responsible Person's E-mail					HACCP	Menu Typ	oe (See addii	tional page)
Certified Food Handler					Other (list)	1()2	\bigcirc_3),(),()
Mark Reeder exp. 7/21/2025						1	<u></u>	<u> </u>
• CRITICAL	L ITEMS AR	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 "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
346	NC	R	Observed no hand soap at hand sink in del	bserved no hand soap at hand sink in deli area preventing employees				
			from washing hands	oro	perly.			
351	NC	R	Observed no covered receptacles	Observed no covered receptacles in women's bathroom.				
295	NC	R	Observed buildup of dust/dirt/debris on an	nd a	round vents and	ceiling	07/1	8/2023
			tiles in deli and bake	ry :	area.			
343	С		Observed hand sink in meat department to	o no	ot be working prev	enting/	01/3	30/2023
			employees from washi	ng	hands.			
			, ,					
			**Store manager did state the meat dep	art	ment will be remo	odeled		
			and sink issue will be r	es	olved.**			
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

Establishme			_	Telephone Number	Date of Inspe	ction	ID#
HUC	<'S#	28	6	⁽ 812-481-1016	(mm/dd/yr) 01/19/2	ກດວວ	104
			mber and street, city, state, zip code) /ENUE, JASPER, IN, 47546	618-382-2334	01/19/2	2023	
	טאוח	Α١	VENUE, JASPER, III, 47546		To III	D 1	D. (
Owner MART	IN &	ВА	YLEY, INC.	Purpose: Routine	Follow-up NO		e Date 29/2023
Owner's Ac				Follow-up	Summary of	Violation	is:
1311A	N W	<u>IAI</u>	N STREET, CARMI, IL, 62821	Complaint		_	
Person in C		ch	ard-Eskew	Pre-Operational	c_ U _	NC(D _R U
Responsible				Temporary	Menu Type	(See addii	tional page)
				НАССР		\ <u> </u>	
Certified Fo			an exp. 1/19/2026	Other (list)	1 2	<u>)</u> 3 <u>(</u>	<u>14050</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 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 pr			
		_		Christina Pie	<u>erini</u>		
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 HUC		35		Telephone Number (812-634-1818	spection	ID# 106	
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) N ROAD, JASPER, IN, 47546	618-382-2334	01/18	/2023	100
Owner			YLEY INC.	Purpose:	Follow-uj		e Date 28/2023
	WN	1AI	N STREET, CARMI, IL, 62821	Follow-up Complaint	-	of Violation	
Person in Co		er		Pre-Operational Temporary	NC	$\frac{1}{R}$	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addii	tional page)
Certified For Christy			n exp 05/08/2025	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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
192	С	R	Grab and go fridge by entrance doors	s had mulitiple item	s that	01/2	25/2023
			were long past there expi	ration dates			
296	С	R	Walk in fridge had very strong oder and	chicken storage con	tainers	01/2	25/2023
			appeared have bui	ild up			
218	NC		Walk in freezer door has problems shutt	ing causing serve b	uild up	07/1	8/2023
			of ice accumulation or	n product			
				•			
			**Facility is currently under remodel and	inspection was diffic	ult and		
			many facility violations were fo	•			
Received by	(name and	title p		Inspected by (name and title pr 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

Establishmo 23 S. Owner MICHA Owner's Ad 1515 C	S BA ent Addres CLAY AEL E Idress JACK Charge	s (nui 'S' BE(ON ST. , JASPER, IN, 47546	Telephone Number (812-482-9694 (812-639-3488 Purpose: Routine Follow-up Complaint Pre-Operational	Follow-u	5/2023 Releas	15/2023 IS:
MICHA Responsible				Temporary	Menu Tyj	ne (See addii	
Certified Fo			/15/2023	HACCP Other (list)	102	<u>O</u> 3 <u>C</u>	<u>4</u> 050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO Section#	ON(S) REPE C/NC	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN Narrative	MMARY OF VIOLATIONS" AN	D IN THE N		BELOW AS "R" orrected By
130	NC	R	Facility has no designate	d hand sink		10 Бе Со	rrected by
100	110	11	r admity rias no designate	a riaria sirik			
			**Manager states previous inspectors	said the 3 comparti	nents		
			sink could be used as a han	d sink as well**			
Received by	(name and	title p		Inspected by (name and title policy) 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 McDC		D	'S #25169 (Jasper North)	Telephone Number (812-634-6212	Date of Ins (mm/dd/yr	·)	ID# 137
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a_)Owner_	01/25	5/2023	
		RIC	CK MANN	Purpose: Routine	Follow-uj No		e Date 04/2023
Owner's Ac 3944		٥ll	ow Ct, JASPER, IN, 47546	Follow-up	Summary	of Violation	_
Person in C	harge			Complaint Pre-Operational	c_0	NC	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo			nan 3/23/2025	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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
295	NC	R	Observed buildup of dirt/food debris on rea	•	ecialty	07/2	25/2023
			coffee blender by drive th	nru window.			
Danier I lea	. (4:41		Inspected by (name and title p	-i4 J)-		
Received by	(name and	uue j	/	Kymberlee	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	KLEY	s (nu	ND SONS, INC.	Telephone Number (812-482-7020 (812-630-5659	01/10/		140
	W 180	א נ	I, JASPER, IN, 47546			In.	
JAME		Rk	(LEY	Purpose: Routine	Follow-up		se Date 28/2023
Owner's Ac		St	JASPER, IN, 47546	Follow-up	Summary o	of Violation	as:
Person in C		J.,	3701 LIX, IIX, 47340	Complaint	0	NC_()
JAME		Rk	KLEY	Pre-Operational		NC_	_ R
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	102	\bigcirc_3)4()5()
			exp. 4/15/2024		1	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY 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 of inspection			
					+		
					+		
Received by	(name and	title p	printed):	Inspected by (name and title p			
				Christina Pie	<u>erini</u>		
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 JA		<u>:</u> 0		Telephone Number (812-482-5263				
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) STRASSE, JASPER, IN, 47546	() Owner	01/20	/2023	141	
Owner				Purpose:	Follow-uj		e Date 30/2023	
Person in C	ADEN Charge		TRASSE, JASPER, IN, 47546	Follow-up Complaint Pre-Operational		of Violation	2 _R 3	
MI JA			il	Temporary HACCP		tional page)		
Certified For 2025	ood Handle	er		Other (list) 	1 2	<u>3</u>	<u> 14050</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		I	To Be Co	orrected By	
217	NC	R	Observed frozen foods being stored in una	pproved packaging (rocery		20/2023	
			bags).			01,20,202		
177	С		Observed prepared foods being stored un	covered in reach in c	oolers.	. 01/30/2023		
173	C	R	Observed raw meat and eggs being store				30/2023	
			in reach in coole	•		0 170	70,2020	
438	С	R	Observed chemical spray both			01/30/2023		
216	NC		Observed cardboard lining bottom shelf of f		room.		20/2023	
2.0	110					0172	10/2020	
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 MON		Pl	ZZA	Telephone Number (812-481-9966)	Date of Insp (mm/dd/yr) 01/06/		то# 146
			mber and street, city, state, zip code) 56, JASPER, IN, 47546	(812-709-2262	01/06/	2023	
Owner NICK	STR/	N	GE	Purpose:	Follow-up No		e Date 16/2023
Owner's Ac 13682		0.5	S, LOOGOOTEE, IN, 47553	Follow-up Complaint	Summary	of Violation	_
Person in C		\N(GE	Pre-Operational Temporary	c	NC_() _R 1
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			je exp.12/12/2023	Other (list)	$1 \bigcirc 2$	<u>3</u>	04050
• CRITICAL	LITEMS 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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
191	С	R	Observed large tubs with pizza toppings	s in front refrigerator	and in	01/1	6/2023
			pizza prep table without d	ates or labels.			
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

Establishme		K I	BAR & GRILL		ephone Number	Date of Ins (mm/dd/yr		то# 166
			mber and street, city, state, zip code)		12-482-7557	01/06	/2023	100
			D 56, IRELAND, IN, 47546	8	12-630-1794			
Owner	:D 9(, 	WENK		pose:	Follow-uj		se Date 16/2023
Owner's Ac		<i>/</i> 1 1\	/VLIVIX	T	Routine			
) N	, JASPER, IN, 47546		Follow-up Complaint	Summary	of Violation	
Person in C Jennif		20		=	Pre-Operational	$_{\rm C}$	NC_	I_{R}
Responsible					Гетрогагу	Menu Tyr	e (See addi	tional page)
кезронзык	er croon o	L-11141	•		НАССР	wienu 1yp	_	
Certified Fo			exp. 6/27/24		Other (list)	$1 \bigcirc 2$	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
		_	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	/ARK	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.			
Received by	(name and	title r	printed):	Inspe	ected by (name and title pr	rinted):		
. ,		r			mberlee	,		
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

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)	(812-639-3548	01/18	/2023	
	'AN BU	REI	N STREET, HUNTINGBURG, IN, 47542				
Owner BOB E	BUEC	HL	EIN	Purpose: Routine	Follow-up No		se Date // 28/2023
Owner's Ac		_	IDOLE E CANTA OLALIO IN 47570	Follow-up	Summary	of Violation	ns:
		_ (RCLE E, SANTA CLAUS, IN, 47579	Complaint	\cap		1
Person in C		HL	.EIN	Pre-Operational		NC_	I R U
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For Bob Bob			exp. 08/21/2023	Other (list)	1 2	<u>3</u>	<u>/4</u> <u>5</u> <u>5</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
310	NC		Hoods in kitchen have built u	p accumulation		07/	18/2023
				•			
Received by	(name and	title p		Inspected by (name and title p Christina Pie			
Received by	(signature	١٠		Inspected by (signature):	J 11 11		
10001vou by	(orginature)	,.		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#
RULE	ER #2	26′	1	812-481-0030	(mm/dd/yr) 01/11/2	0033	168
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	615-232-9812	01/11/2	.023	
Owner KROG	BER L	.IM	ITED PARTNERSHIP I	Purpose: Routine	Follow-up No	Releas 01/2	e Date 21/2023
Owner's Ad PO BO)51	03, NASHVILLE, TN, 37230	Follow-up Complaint	Summary of	Violation	is:
Person in C	harge		EPERS	Pre-Operational	c_ U _	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Type	See addit	ional page)
Certified Fo			10-30-2024	Other (list)	102	<u>)</u> 3 <u>C</u>	$0_4 \bigcirc 5 \bigcirc$
• 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 NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No violations observed at tin	ne of inspection.			
n : 11	('	4:43	- (D	T 4 11 7 122	· D		
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

Establishme		DE	ROCESSING	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-481-0044	01/18/2	2023	170
			ROAD 164, CELESTINE, IN, 47521	⁽ 812-639-9195			
Owner CHRIS	S Rai	ndv	y, Kent SANDER	Purpose: Routine	Follow-up		e Date 28/2023
Owner's Ad		iu	y, None of ANDLIN				
1121 N	BEA	VE	R LAKE RD, JASPER, IN, 47546	Follow-up Complaint	Summary of	_	
Person in C	_			Pre-Operational	c_ U	NC_($\frac{1}{R}$
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo			5/12/2026	Other (list)	1 <u>0</u> 2 <u>(</u>	<u>)</u> 3 <u>(•</u>	<u>14050</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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	rrected By
			No violations observed at tim	ne of inspection.			
Dag-i 11	(mar 1	4;41	aristal).	Inspected by Green 179	intod):		
Received by	(name and	utie j		Inspected by (name and title pr Kymberlee	intea):		
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		INIE	NAMA DUTCUED & DDO CUDDLY	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			DIANA BUTCHER & BBQ SUPPLY	812-998-2277	01/04/	2023	178
131 E.			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	⁽ 812-631-1242			
Owner ANDY	BER	G		Purpose: Routine	Follow-up NO	Release 01/	e Date 14/2023
Owner's Ac				Follow-up	Summary o	f Violation	ns:
		ah_	Hill Rd, Ferdinand, IN, 47532	Complaint	\mathbf{O}	() (
Person in C Andy		& N	Mark Pund	Pre-Operational Temporary	c_ U	NC_	R U
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	3 77 31			Other (list)	100),(•)	\bigcirc
			XP. 7/19/2027		1 <u></u>		<u> </u>
• CRITICAL	LITEMS 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
			No violations observed at time	ne of inspection.			
Received by	(name and	titla +	printed).	Inspected by (name and title pr	inted):		
Received by	(name and	սոշ ի	*	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

ST B)IC	CT'S BREW WORKS	Telephone Number (812-998-2337	Date of Ins (mm/dd/yr		10# 182
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	(a. A)Owner	01/04	/2023	
Owner VINCE	E LUE	ECI	ΚΕ	Purpose: Routine	Follow-up No		e Date 14/2023
	E CF	₹ 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 F			CKE exp 6/15/2026	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
• 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
191	С	R	Observed several products in reach in co	oler and prep table o	coolers	01/1	6/2023
			to not be labeled or ha	ive dates.			
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

Establishme		274	170 Lakehmi Inc. (@ Wal Mart)	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			170 -Lakshmi Inc. (@ Wal-Mart) mber and street, city, state, zip code)	812-634-9898	01/12/	2023	186
			ON STREET, JASPER, IN, 47546	⁽ 812-661-9658			
Owner RINA	AND	PR	AVEZ SHARMA	Purpose:	Follow-up No		Date 22/2023
Owner's Ac				Follow-up	Summary o	f Violation	ns:
		AR	LES STREET, JASPER, IN, 47546	Complaint	\mathbf{O}		
Person in C		PR	AVEZ SHARMA	Pre-Operational	c_ U	NC_	J _R U
Responsible	e Person's	E-mai	1	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0),(•	$\bigcirc_{z}\bigcirc_{z}$
			exp. 1/20/2026		102	<u></u>	4030
• 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 tin	ne of inspection			
Received by	(name and	title p	· · · · · · · · · · · · · · · · · · ·	Inspected by (name and title processing Pie	/		
Received by	(signature)):		Inspected by (signature):	• • •		
·	ĺ						
cc:			cc:		cc:		



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				T			
Establishm SUBW		our	nds Enterprises Inc. (Huntingburg)	Telephone Number 812-683-4141	Date of Ins (mm/dd/yr	j	10# 187
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(04) Wher 4 4000	01/13	/2023	
Owner TERE	SA A	BC	DUNDS	Purpose:	Follow-up No		se Date // 23/2023
Owner's Ac		ne (Ct, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C		ınd	c	Pre-Operational	c U	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
				Temporary	М Т	/C 11:	7
Responsible	e Person's	L-ma	ш	П НАССР	Menu Typ	e (see aaai	tional page)
Certified Fo			NDS EXP 7-27-2023	Other (list)	$1 \bigcirc 2$	<u>3</u>) ₄ <u>0</u> 5 <u>0</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 "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:			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 Ins (mm/dd/yr)		ID#
			LL LLC (FUELED STRENGTH MEALS)	812-630-5638	01/05		198
			mber and street, city, state, zip code) HONY RD W, HUNTINGBURG, IN, 47542	⁽ 812-630-5638	01/03/	2023	
Owner				Purpose:	Follow-up		e Date
TIM F				✓ Routine	No		15/2023
Owner's Ac 2690 S S		NT	HONY RD W, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	ns:
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_) , ()
TIM F				Temporary		110	^
Responsible	Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	ar.		Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			XP. 1/19/2027			<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 "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 processing Pie			
Received by	(signature)):		Inspected by (signature):	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(- 5	•		1			
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)C-	T #672	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			Γ #673	812-482-5010	01/05/	2023	204
3131			nber and street, city, state, zip code) St., JASPER, IN, 47546	⁽ 812-483-9682			
Owner MEME	BERS	OI	F CLUB	Purpose: Routine	Follow-up No		ne Date 15/2023
Owner's Ac				Follow-up	Summary o	of Violation	ns:
		O	N STREET, JASPER, IN, 47546	Complaint	\cap	() (
Person in C		,		Pre-Operational	$_{\rm C}$	NC_	\mathcal{L}_{R}
Responsible				Temporary	Manu Tyn	(Saa addi	tional page)
Kesponsible	e i cison s	L-IIIai	и	НАССР	Wichu Type	. (See aaar	nonui puge)
Certified Fo			11/21/2025	Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	ITEMS AR	E IDE	NTIFIED 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 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 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	GREI ent Addres	s (nui	S #10340 mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(8)	12-481-1513 347-315-2297	Date of Ins (mm/dd/yr) 01/09)	то# 206
		NS	COMPANY		rpose: Routine	Follow-up		se Date 19/2023
Owner's Ad		01	, DEERFIELD, IL, 60015		Follow-up	Summary	of Violation	
Person in C	harge				Complaint Pre-Operational	$^{\rm c}$ 0	NC_($\underline{)}_{R}\underline{0}$
Responsible					Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er			Other (list)	102	<u> </u>)4050
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ИΜА	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Na violations observed at time	_	of increation	\longrightarrow	To Be Co	orrected By
			No violations observed at tim	ie (or inspection.			
D : 11	, ,			Ţ				
Received by	(name and	title p			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 WAL		Т #	1 870	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-634-1233	01/11	/2023	207
			ON STREET, JASPER, IN, 47546	479-204-9864			
Owner WAL-I	MAR1	- S	TORES EAST, LP	Purpose: Routine	Follow-uj		e Date 21/2023
Owner's Ac				Follow-up		of Violation	
702 SW 8	BTH STR	EET	T, MS #0500, BENTONVILLE, AR, 72716-0500	Complaint		_	
Person in C		S	TORES EAST, LP	Pre-Operational	c_ _	NC_() _R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	ional page)
Certified Fo	4 17 41-			Other (list)	100	\bigcirc_3	\bigcirc
			7/3/2023		1 <u>0</u> 2	<u> </u>	<u> 4050</u>
• 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	rrected By
192	С	R	Observed expired ready to eat products	s (lunch meat and c	ooked	01/2	23/2023
			chicken) on the shelf	for retail.			
295	С	R	Observed buildup of dust/dirt/mold on the	e fans and ceiling in v	walk-in	01/2	23/2023
			dairy cooler.				
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
- 3	,	,	<i>'</i>	Kymberlee	,		
Received by	(signature)	:		Inspected by (signature):			
cc:			cc:		cc:		
			i i				



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

Establishme WFN		#2	83680		ephone Number 12-367-0594	Date of Ins (mm/dd/yr	o)	ID# 209
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(_		01/04	/2023	200
480 S.	MAIN	IS	TREET, FERDINAND, IN, 47532	5	62-425-1402			
Owner WKS I	FROS	ΥY	Y CORPORATION		pose: Routine	Follow-uj		e Date 14/2023
Owner's Ad		л Т	E AVE STE 200 CVPDESS CA 00620	=	Follow-up	Summary	of Violation	is:
Person in C		AII	E AVE. STE 200, CYPRESS, CA, 90630		Complaint	1	5	$\frac{2}{R}$
Rhond				=	Pre-Operational	C	NC_	- R_
Responsible	Person's	E-ma	il	=	Temporary HACCP	Menu Typ	e (See addit	ional page)
C CC IF	177 11			=	Other (list)	100	\bigcirc_3	\bigcirc
Certified Food Handler Rhonda WHITE exp 4/11/2023							<u> </u>	<u>′4050</u>
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					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	rrected By
347	NC	R	Observed hand towel dispenser by front h	nand	I sink to not be w	orking.	07/0	04/2023
438	С		Observed chemical/cleaning spray bottle by	y mc	p sink to not be la	abeled.	01/1	6/2023
297	NC	R	Observed buildup of food/dirt/debris in do	ouble	e door prep table	cooler	07/0	04/2023
			holding toppings and in nee	ed c	of cleaning.			
Received by	(name and	title j		•	rcted by (name and title pr	inted):		
Received by	(signature)):		Inspe	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 (mm/dd/yr)	ection	ID#
YOUN	IG ME	ΞN	S INSTITUTE COUNCIL #497	812-683-2497	01/18/2	2022	216
			mber and street, city, state, zip code)	(812-683-2497	01/10/	2023	
421 N. \	/AN BL	IRE	N STREET, HUNTINGBURG, IN, 47542				
Owner MEME	BERS	Ol	F YMI CLUB	Purpose:	Follow-up No		e Date 28/2023
Owner's Ac				Follow-up	Summary o	f Violation	ns:
				Complaint	آ م	_	
Person in C		\TE	ERS	Pre-Operational	c_ U	NC_) _R U
Responsible	Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP	\sim $^{\prime}$		
Certified Fo			RS exp 12/17/2025	Other (list)	1 <u>U</u> 2 <u>(</u>	<u>)</u> 3 <u>©</u>	<u> 1405</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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	rrected By
			No violations observed at time	ne of inspection.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee	<u>, </u>		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
i							



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Establishm HOLL) E	LEMENTARY SCHOOL	Telephone Number (812-536-2441	Date of Ins (mm/dd/yr 01/06	j	ID# 230
			mber and street, city, state, zip code) IAN ST, HOLLAND, IN, 47541	⁽ 812-683-3971	01/00	72023	
		ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		ne Date 16/2023
	ACKS	NC	STREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
	NDA Ł		MMAN	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 Jodi K			exp. 2027	Other (list)	1 2	<u>3</u>	<u>)4U5U</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 j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme			1.0: "40005	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			al Store #18995	(812-329-2285	01/13/	2023	304
			nber and street, city, state, zip code) t., Huntingburg, IN, 47542	615-855-4000	0 17 107		
Owner Dolge	ncorp	, L	LC	Purpose: Routine	Follow-up NO		se Date 23/2023
Owner's Ad				Follow-up	Summary o	of Violation	ns:
		Rı	dge, Goodlettsville, TN, 37072	Complaint	\cap	() (
Person in C		ke		Pre-Operational	c_U	NC_	<u> </u>
Responsible	e Person's	E-mai	1	Temporary HACCP	Menu Type	: (See addi	tional page)
				Other (list)	\bigcirc (
Certified For Excem		er			1 <u></u> 2	<u>3</u>	<u>/45_</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 r	printed).	Inspected by (name and title pr	rinted):		
Received by	(manne and	anc p		Kymberlee	micuj.		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	S, E	s (nui	D mber and street, city, state, zip code) TON, JASPER, IN, 47546	(8	12-556-0399 12-430-6125	Date of Insp (mm/dd/yr) 01/05/		ть# 311
Owner manis					rpose: Routine	Follow-up No		te Date 15/2023
Person in C	High F		nte Dr, Newburgh, IN, 47630		Follow-up Complaint Pre-Operational	Summary o	f Violation	
Responsible Certified Fo	e Person's	E-mai			Temporary HACCP Other (list)	Menu Type	(See addit	
Megan Bailey exp. 12/31/2025								
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
295	С	R	Shelf used to store clean cambro co	ont	ainers had built			16/2023
			dirt, dust and food r	esi	due			
			Appetizer prep station and fridge ha			dirt	01/1	16/2023
216	NC		Thawing chicken in walk in fridge is be	ein	g stored on card	board	07/0	05/2023
Received by	(mama and	titla m	arinto d).	Inan	ected by (name and title pr	intod):		
Received by	(name and	uue p	ninied).		hristina Pie			
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

				Ţ			T
FAST		Cł	< 500	Telephone Number (917-369-0746)	Date of Insp (mm/dd/yr)		ъ# 325
			mber and street, city, state, zip code) ST., HUNTINGBURG, IN, 47542	(04) Owner 0740	01/13	2023	
Owner RAJ S	SINGH	1		Purpose:	Follow-up NO		se Date /23/2023
Owner's Ac 1241 I		bei	ry In, vincenives, IN, 47591	Follow-up Complaint	Summary		
Person in C	harge		, ,	Pre-Operational	c_1	NC_($\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	102	<u>•</u> 3 <u>C</u>	<u>)</u> 4 <u>U</u> 5 <u>U</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
192	С		Observed expired milk on the	e shelf for retail.		01/2	23/2023
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		<u> </u>		Tel	lephone Number Date of Inspection (mm/dd/yr) ID #				
HAPF	Y H	O(JR BAKERY	(8	12-639-8753	-	1/2023	333	
			mber and street, city, state, zip code)	(₈	12-639-8753		1/2023		
	ELES	1 111	E RD S, SCHNELLVILLE, IN, 47580			T. II	7.1		
JEREI	MY B	ET	Z	<u> </u>	rpose: Routine	Follow-u No		se Date /14/2023	
Owner's Ac		<i></i>	N. A.C. D.D. IA ODED IN ATT 40		Follow-up	Summary	of Violatio	ns:	
		<u>/</u>	R LAKE RD, JASPER, IN, 47546		Complaint	\cap	() ()	
Person in C	_				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	\mathcal{I}_{R}	
Stace				П	Temporary) (T	<i>(</i> 2 11		
Responsible	e Person's	E-mai	ll .		НАССР	Menu Ty	pe (See addi	tional page)	
Certified Fo			Z EXP 7/28/2027		Other (list)	102	<u></u>)4050	
• 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 "SUM	мма	RY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be C	orrected By	
			No violations observed at tim	ne c	of inspection.				
Received by	(name and	title p			ected by (name and title pr	inted):			
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 FAIR		DΙ	NN & SUITES JASPER	Telephone Number (812-250-5155	Date of Inspec (mm/dd/yr)		ID# 335
			mber and street, city, state, zip code) TRE LANDING, JASPER, IN, 47546	() Owner	01/19/2	.023	
		ΙΤΙ	RE DEVELOPERS LLC	Purpose:	Follow-up No	Releas 01/	e Date 29/2023
Owner's Ac	ddress			Follow-up Complaint	Summary of	_	
Person in C Danie	lle Ma			Pre-Operational Temporary		NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Type (. ~	
Certified For ERIC			кр,4 /15/2026	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	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	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 tir	ne of inspection			
Received by	(name and	title p		Inspected by (name and title prochristina 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

2603 N Owner ZACH Owner's Ad	CREA ent Addres NEW	roi	MERY mber and street, city, state, zip code) N ST. SUITE C, JASPER, IN, 47546 RABER , MONTGOMERY, IN, 47558	Telephone Number (812-482-7069 (812-787-1996) Purpose: Routine Follow-up	Follow-u	7) /2023 P Releas	389 se Date 21/2023
Person in C	harge ARY	GF	RABER	Complaint Pre-Operational Temporary	C_O	NC	D R O
Certified Fo	od Handle	er	ER 09/17/2023	HACCP Other (list)	102	<u></u>)4050
• 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" AN	D IN THE N		
Section#	C/NC	R	Narrative	an at leasan a than		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:			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 DERI		ВІ	RITTANY TARRH	Telephone Number (812-351-3399	Date of Ins (mm/dd/yr)	1D# 408
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) by 231, JASPER, IN, 47546	⁽ 812-351-3399	01/03	/2023	
Owner BRITT				Purpose:	Follow-uj		e Date 13/2023
Owner's Ac 11715		Joł	nn Well Rd SW, Laconia, IN, 47135	Follow-up Complaint	Summary	of Violation	_
Person in C BRITT	TANY			Pre-Operational Temporary	c_U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F			EK TARRH EXP. 10/8/2026	Other (list)	1 2	<u> </u>	<u> 14050</u>
• CRITICAI	L ITEMS AF	RE 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	rrected By
			No Violations observed at tir	ne of inspection			,
			The treatment excerted at the	no or moposition			
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

Establishm	ent Name			Telephone Number Date of Inspection ID # (mm/dd/yr)				
Fry'D				812-684-9449		2022	409	
			mber and street, city, state, zip code) t., Huntingburg, IN, 47542	⁽ 812-309-0235	01/18/	2023		
Owner				Purpose:	Follow-up		e Date	
Trace	y Pric	е		✓ Routine	No	01/	28/2023	
Owner's Ac				Follow-up	Summary of	of Violation	ns:	
3510 l	N NE	ΝT	ON ST, Jasper, IN, 47546	Complaint	n n			
Person in C				Pre-Operational	CU	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$	
Trace	y Pric	е		Temporary		110	~	
Responsible	e Person's	E-mai	il		Menu Type	(See addi	tional page)	
				HACCP		~ 6		
Certified For Jared			2/11/2024	Other (list)	1 <u>0</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				
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):			
- 3		1	,	Christina Pie				
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 GOO		00	D DEAR FRIENDS	Telephone Number (812-480-4069)	Date of Ins (mm/dd/yr 01/06)	1D# 411
Establishm 9911	ent Addres SST.	ss (nui R[mber and street, city, state, zip code) D. 161, HOLLAND, IN, 47541	⁽ 812-480-4069	01/00	/2023	
Owner LORI	AUST	ΊN		Purpose:	Follow-uj		te Date 16/2023
Owner's Ac 9911		RI	D 161, HOLLAND, IN, 47541	Follow-up Complaint	Summary	of Violation	
Person in C		ΊN		Pre-Operational Temporary	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2	<u>3</u>)4050
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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 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		(S	FRESH	Telephone Number (812-817-5320	(mm/dd/yr)		
			mber and street, city, state, zip code)		01/25/	2023	410
			TON, JASPER, IN, 47546	(314-994-4411			
Owner		l -	esta lesa	Purpose:	se Date		
Owner's Ac		ark	ets, Inc	Routine	No		04/2023
		lar	nd Rd, St. Louis, MO, 63146	Follow-up	Summary o	f Violation	15:
Person in C			14 1 (4, 5): 25415, 115, 551 15	Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_(0 ,
Austin	Mon'	tgo	mery	Pre-Operational Temporary		NC	K
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle) P		Other (list)	10,0),(•)),()_5()
			nery exp. 10/30/2023		1 2	<u></u>	<u>/4030</u>
			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 tin	ne of inspection.			
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		GF	NERAL STORE 22655	Telephone Number	Date of Ins (mm/dd/yr		ID# 434
			mber and street, city, state, zip code)	(930-233-0350	01/18	/2023	434
			NE RD. S, CELESTINE, IN, 47580	615-855-4000			
Owner DOLG	ENC	OR	RP, LLC	Purpose: Routine	Follow-uj		28/2023
Owner's Ac	ldress			Follow-up	Summary	of Violation	ns:
		RII	OGE, GOODLETTSVILLE, TN, 37072	Complaint	1	() ()
Person in C		OR	RP, LLC	Pre-Operational	C	NC_	<u> </u>
Responsible	Person's	E-ma	il	Temporary	Menu Typ	oe (See addit	ional page)
				HACCP			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>/4</u> <u>5</u> <u>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 "SUM	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 severely dented ca	ns on the shelf for	retail.	01/3	30/2023
			j				
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 OINK		R	ESTURANT	Telephone Number (812-630-5638)	Date of Ins (mm/dd/yr 01/04)	1D# 457
			mber and street, city, state, zip code) TE CENTER, JASPER, IN, 47546	(04) Owner	01/04	/2023	
Owner TIM F	LICK			Purpose:	Follow-uj		se Date 14/2023
Owner's Ac 2690 S.		ΓΑΙ	NTHONY, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	_
Person in C				Pre-Operational	c_0	NC_($\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$
Responsible		E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo				Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• 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 "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	l title		Inspected by (name and title pour 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

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Emer	ald G	ere	ens Jasper	773-759-9827	01/05/2	0000	458
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	⁽ 773-759-9827	01/05/2	2023	
1639 (Gun (Jlu	b Rd, Jasper, IN, 47546	113-139-9021			
Owner	D I -			Purpose:		se Date	
Barry)p		Routine	No	01/	15/2023
Owner's Ac 1639 (Clul	b Rd, Jasper, IN, 47546	Follow-up	Summary of	_	
Person in C		<i>-</i> 1 G	5 rta, 5a5p5r, rrt, rr 5 r5	Complaint	()	NC_()
Barry		g		Pre-Operational	<u> </u>	NC_	<u> </u>
Responsible			il	Temporary	Menu Type	(See addi	tional page)
				НАССР	\sim ϵ		
Certified Fo			10/01/0000	Other (list)	1 <u>0</u> 2 <u></u>	<u>)</u> 3 <u>(•</u>	<u>)4U5U</u>
Barry I	Junio	о е	xp. 12/31/2022				
• 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 NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Daggiore J.1	(mamr 1	4;41 -	anisted).	Inamostod by (r	rintad):		
Received by	(name and	ине ј	printed).	Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
	. 5			, , ,			
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#
EMER/	ALD GF	REE	ENS JASPER (MOBILE FOOD UNIT)	773-759-9827	01/04/	2022	467
			mber and street, city, state, zip code) UB RD, JASPER, IN, 47546	(773-759-9827	01/04/	2023	
Owner			0.0	Purpose:		se Date	
BARR		INL	<u>.OP</u>	Routine		01/	14/2023
Owner's Ac		CI	UB RD, JASPER, IN, 47546	Follow-up	Summary o	f Violation	ns:
Person in C		<u> </u>	100 100, 0/101 E11, III, +/10+0	Complaint	I . ()	$_{\rm NC}$) _ ()
BARR		INL	_OP	Pre-Operational	C	NC_	<u> R</u>
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP		$\neg \cap$	
Certified For BARR			OP	Other (list)	1 <u>0</u> 2	<u>_</u> 3 <u>_</u>	<u>/4</u> 05 <u></u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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			То Ве Со	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title j		Inspected by (name and title p			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		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 Insp	ection	ID#
Retro	Mex	cicc)	812-559-0909	(mm/dd/yr) 01/20/	2022	499
			mber and street, city, state, zip code) n St Suite C, Jasper, IN, 47546	⁽ 812-631-3088	01/20/	2023	
Owner	- 11-1			Purpose:	Follow-up		se Date
Ronica		(Routine	No		30/2023
Owner's Ad 4458 (St	rasse, Jasper, IN, 47546	Follow-up	Summary o	f Violation	ns:
Person in C				Complaint	()	,,,()
Migue		illa	S	✔ Pre-Operational	<u>c</u>	NC_	_ R
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP	\bigcirc		
Certified For Galdin			xp. 12/13/2027	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"			
• 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.			
			**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:			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		ı	F	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#	
			East Coast Subs #387	812-481-8088	01/11/	2023	502	
			mber and street, city, state, zip code) St, Jasper, IN, 47546	(502-640-6474	01/11/	2020		
Owner Patricl	k Han	nilto	on	Purpose: Routine	Follow-up NO		e Date 21/2023	
Owner's Ac		240) Laviavilla IVV 40070	Follow-up	Summary of	of Violation	ns:	
		313	3, Louisville, KY, 40270	Complaint		() ()	
Person in C Kari B		ton	ı	Pre-Operational	C	NC_(R O	
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)	
Certified Fo			exp. 12/15/2027	Other (list)	$1 \bigcirc 2$	<u>3</u>	04050	
• 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 "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	<i>'</i>	Inspected by (name and title printed): 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		NI	LEGION POST 147	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	(812-482-3862)	02/02/2	2023	3
			N STREET, JASPER, IN, 47546	⁽ 812-482-3862			
Owner	RERS	\cap	F CLUB	Purpose:	Follow-up		e Date 12/2023
Owner's Ac			CLOB	Routine Follow-up			
		10	N STREET, JASPER, IN, 47546	Complaint	Summary of	_	
Person in C		o rr		Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_($\bigcup_{R} \bigcup_{R}$
Responsible				Temporary	Menu Type	(See addi	tional nage)
тезроизные	i cison s	L-III4		НАССР		_	
Certified Fo			44/40/0004	Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>@</u>	$0_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
			exp. 11/13/2024				
• 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		7	To Be Co	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:		



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 Inspection (mm/dd/yr)				
			CAN LEGION (HARMEYER POST #343)	() Establishment	02/06		4	
Establishme	ent Addres MAII	s (nui V S	mber and street, city, state, zip code) STREET, HOLLAND, IN, 47541	(812-536-3096				
Owner MEMBE	ERS O	FΤ	HE HOLLAND AMERICAN LEGION	Purpose: Routine	Follow-up		te Date 16/2023	
Owner's Ad P.O. E		' 3,	HOLLAND, IN, 47541	Follow-up Complaint		of Violation		
Person in C	harge		CKETTS	Pre-Operational	$_{\rm c}$ $_{\rm U}$	NC_	$\frac{1}{R}$	
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified Fo				Other (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$	
KAREI	N MA	YE	EXP. 11/21/2025					
			NTIFIED 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 No violations observed at tim	o of increation		To Be Co	orrected By	
			ino violations observed at till	ie oi irispection.				
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	_	 .	IL.	Telephone Number Date of Inspection (mm/dd/yr)			
Broth				812-683-2674	`	3/2023	19
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812 ⁻ 319-9663	0_,00	,,=0=0	
Owner	M-D.			Purpose:	Follow-u		
Shad		ırm	ion	Routine	No		18/2023
Owner's Ad		TR	EET, HUNTINGBURG, IN, 47542	Follow-up		of Violation	
Person in C				Complaint	3	NG 2	$\frac{2}{R}$
Angie	Ü			Pre-Operational	<u> </u>	NC	_ K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addii	ional page)
				HACCP			
Certified For Shad N			on	Other (list)	1 <u></u> 2	<u>3</u>	<u>/4</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	rrected By
296	С	R	Observed buildup of food debris and in nee	d of cleaning on pizza	chain.	02/2	20/2023
177	С	R	Observed several food items (salad bar	toppings, pizza do	ugh) in	02/2	20/2023
			walk-in cooler being stored uncove	ered. Observed oni	ons		
			being stored on the floor in ba	nck storage room.			
345	С	R	Observed bucket being stored in hand	l washing sink prev	enting	02/2	20/2023
			employees from properly w	ashing hands.			
346	NC		Observed no hand soap at ha	and washing sink.		08/0	08/2023
347	NC		Observed no paper towels or air drye	er at hand washing	ı sink.	08/0	08/2023
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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Establishment Name BUNGALOW BAR Establishment Address (number and street, city, state, zip code) 1263 W 1100 S, FERDINAND, IN, 47532 Owner RIAN KERST Owner's Address 213 W Savannah Dr, HUNTINGBURG, IN, 47542 Person in Charge RIAN KERST Responsible Person's E-mail						ephone Number 12-367-0644 19-204-8655 rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary	5/2023 Releas	13/2023 s: R_1
Certified Food Handler RIAN KERST 06-26-2025						Other (list)	102	<u></u>	04050
			INTIFIED IN THE CHECKLIST AND NAR						
			FROM PREVIOUS INSPECTIONS ARE D		MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC NC	R R	Ohsarvad m	Narrative nop not being	hu	na to dry			orrected By 03/2023
438	C	11	Observed spray bottle co			· · · · · · · · · · · · · · · · · · ·	halad		3/2023
400	0		Observed spray bottle et	oritairiirig cica		g solution not la	bolou.	02/1	0/2020
Received by	(name and	title j	orinted):			rected by (name and title properties) /mberlee	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

				T =			I
Establishm BUTCHI		ST	ERN SALOON & FAMILY RESTAURANT	Telephone Number (812-678-2591	Date of Ins (mm/dd/yr		ID# 24
			mber and street, city, state, zip code) STREET, DUBOIS, IN, 47527	⁽ 812-678-3161	02/13	72023	
Owner DENN	IIS R.	TE	ERWISKE	Purpose:	Follow-uj		e Date 25/2023
Owner's Ac		DU	BOIS, IN, 47527	Follow-up Complaint	Summary	of Violation	
Person in C BUTC	harge			Pre-Operational	c O	NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)
Certified For KACE			SON EXP. 9/15/2027	Other (list)	102	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• 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
130	NC	R	Observed handwashing sink not being	g used by employe	es for	08/	15/2023
			handwashing purp	oses.			
			g				
Received by	(name and	title j		Inspected by (name and title p 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 CASE		GE	ENERAL STORE #2385	Telephone Number (812-683-3414	Date of Ins (mm/dd/yr 02/08)	1D# 25
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	()Owner	02/00	/2023	
Owner CASE	Y'S M	1AI	RKETING COMPANY	Purpose:	Follow-up		e Date 18/2023
Owner's Ac				Follow-up	Summary	of Violatior	ns:
		ne	nce blvd, ANKENY, IA, 50021	Complaint	1	1	2
Person in C		ımı	mars	Pre-Operational	C	NC_	R
Responsible				Temporary	Menu Tvn		tional page)
p				НАССР			
Certified Fo			ners exp. 7/24/2023	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
177	С	R	Observed boxes being stored on floor in	n walk-in freezer and	d back	02/2	20/2023
			storage room				
347	NC	R	Observed no paper towels at hand wash		rtment	08/0	08/2023
			sink in kitcher				
Received by	(name and	title :	printed):	Inspected by (name and title pr	cinted):		
				Kymberlee	inicu).		
Received by	(signature)):		Inspected by (signature):			
			_				
cc:			cc:		cc:		



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Establishm CASE		GI	ENERAL STORE #3504	Telephone Number (812-367-0872)	Date of Ins (mm/dd/yr) 02/03	j	1D# 26
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	()Owner	02/03	12023	
		/AI	RKETING COMPANY	Purpose: Routine	Follow-up		e Date 13/2023
Owner's Ac		nie	nce blvd, ANKENY, IA, 50021	Follow-up Complaint	Summary	of Violatior	
Person in C Tama	ra Wii			Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	ional page)
Certified For Tamar			xp. 10/28/26	Other (list)	1 <u>0</u> 2		<u> 14050</u>
• CRITICAI	L ITEMS AR	RE IDI	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
295	NC		Observed buildup of dust/dirt/debris on o	ceiling tiles and vent	above	08/0	3/2023
			pizza prep tabl	e.			
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 NEW		N/	A'S BEST	Telephone Number (812-634-2007	Date of Ins (mm/dd/yr		1D# 31
3669 N			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546				
Owner QIU C	HEN			Purpose:	Follow-uj		te Date 11/2023
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
				Complaint		_	_
Person in C		1 Z	HU	Pre-Operational	c_3	NC_2	<u>2</u> _R <u>3</u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	pe <i>(See addit</i>	tional page)
				Other (list)			
Certified Fo			IU 2027		1 <u></u> 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 "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 hand sink to not be working an	nd water shut off prev	enting/	02/1	13/2023
			employees from washi	ng hands.			
347	NC	R	Observed no paper towels			08/0	01/2023
177	С	R	Observed food in walk-in cooler being sto		boxes	02/1	13/2023
			of raw chicken and vegetables bei				<u> </u>
173	С	R	Observed raw meat being stored above v			02/1	13/2023
			to eat foods.				0,2020
217	NC	R	Observed food in walk-in freezer and cooler		proved	08/0	01/2023
	110	- \	packages (grocery	<u>-</u>	1		71,2020
			packages (g. ecc.)	Jugoj.		<u> </u>	
						<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:		



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Establishm		<u>۸</u> Т	E BLISS	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-482-1617	1 02/13/	2023	32
110 E			REET, JASPER, IN, 47546	⁽ 812 ⁻ 631-0190			
Owner ANN I	KNIES	3		Purpose:	Follow-up No		se Date // 23/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
		LA	NE, JASPER, IN, 47546	Complaint		_	
Person in C		3		Pre-Operational	C	NC_	<u>J</u> <u>R</u> <u>U</u>
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
C C LE	177 11			Other (list)	1.0.0),(•	\bigcirc .
Certified Fo			9/27/2026			<u> </u>	<u>/4050</u>
• CRITICAL	LITEMS 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	ND 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	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 GI #8				Telephone Number (812-678-5295	Date of Insp (mm/dd/yr)	ection	ID# 34
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	1	02/15/	2023	34
5498 I	E MA	IN :	STREET, DUBOIS, IN, 47527	⁶ 813-740-0422			
Owner		I A N	14 11 6	Purpose:	Follow-up		e Date
Owner's Ac		IAI	NA LLC	Routine	No		25/2023
		٩N	KLIN ST, TAMPA, FL, 33602	Follow-up	Summary	of Violation	ns:
Person in C	harge			Complaint Pre-Operational	C_{0}	NC_() , ()
			NA LLC	Temporary	C		
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	1()2(\bigcirc_3	$)_4\bigcirc_5\bigcirc$
exemp		.1			1 2	<u></u>	<u> </u>
• CRITICAL	LITEMS 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 properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme					Telephone Number	Date of Insp		ID#
			<u>)-TOWN SUN</u>		812-367-2666	(mm/dd/yr) 02/22/		40
Establishmo	ent Addres NAIN	s (nui ST	nber and street, city, state, zi REET, FERDIN	ip code) IAND, IN, 47532	⁽ 513 ⁻ 367-9905	02/22/	2023	
Owner HAWKS	TONE	ASS	SOCIATES INC/DBI	E TRIUMPH ENERG	Purpose: Routine	Follow-up No		e Date 04/2023
Owner's Ac 9171 [OF	RK RD, HARRIS	SON, OH, 45030	Follow-up Complaint	Summary	of Violation	is:
Person in C		ASS	SOCIATES INC/DBI	Pre-Operational	c	NC_	<u> </u>	
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addii	tional page)	
Certified Fo			9-11-2023	Other (list)	$1 \bigcirc 2$	<u>3</u>)4050	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST	Γ AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIO	ONS 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
192	С	R	Observed expire	ed deli meat and ego	gs on the shelf for i	etail.	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:		



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					1		
Establishm FERII		D-II	NTERSTATE SUNOCO #60	Telephone Number (812-367-1138)	Date of Ins (mm/dd/yr 02/22)	ID# 41
Establishm 460 M	ent Addres AIN S	s (nu STF	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(513-367-9900	02/22	/2023	
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-uj		se Date // 04/2023
Owner's Ac 9171 [- 0	RK RD, HARRISO, OH, 45030	Follow-up Complaint	Summary	of Violation	
Person in C Lorina		ma	าก	Pre-Operational Temporary	c_ U	NC_	J _R U
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For JOANI			9-11-23	Other (list)	102	<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 "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	orinted):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		<u> </u>	MART WAS	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			MART #33	812-367-2351	02/03/		44
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 812 ⁻⁵⁴ 7-6435	02/03/	2020	
Owner	INIO			Purpose:	Follow-up		se Date
C&S				Routine	No	02/	13/2023
Owner's Ac		39.	TELL CITY, IN, 47586	Follow-up Complaint	Summary of		
Person in C	harge		• •	Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_) , 1
tabitha	а				C	NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	e (See addi	tional page)
				Other (list)	$1 \circ i$		
Certified Fo			d 7-29-2023		1 2	<u>3</u>	<u>/4</u> <u>/</u> 5 <u></u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	I		
• VIOLATIO	ON(S) REPE	ATEL	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
191	С	R	Observed expired yogurt smoothie dri	nks on the shelf for	retail.	Co	rrected
Received by	(name and	l title		Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		
I					I		



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Establishmo		⊃ N.	MACY #6871 (FERDINAND)	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-367-2030	02/03/2	2023	49
			PARK DRIVE, FERDINAND, IN, 47532	⁽ 401 ⁻ 770-5324			
Owner HOOK	(₋ SI	IPF	ERX, LLC.	Purpose:	Follow-up		e Date 13/2023
Owner's Ac		'I L	INX, LLO.	Routine			
		, M	AIL CODE #1160, WOONSOCKET, RI, 02895	Follow-up Complaint	Summary of	_	
Person in C		-4.	- 11 -	Pre-Operational	$_{\rm c}$ U	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
Antho				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addii	tional page)
Certified Fo		er		Other (list)	10_2	$\underline{0}_{3}\underline{\mathbf{C}}$	0_4 0_5
Exemp	ot						
• 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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		ŗ	Го Ве Со	rrected 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

	PHA		MACY #6878 (JASPER)	Telephone Number (812-482-3300 Date of Inspection (mm/dd/yr) 02/13/2023 50				
			mber and street, city, state, zip code) H STREET, JASPER, IN, 47546					
		JPE	ERX, LLC.	Purpose: Routine	Follow-up No		e Date 23/2023	
Owner's Ac		Ē, M/	AIL CODE #1160, WOONSOCKET, RI, 02895	Follow-up Complaint	Summary o			
Person in C ANGE		ΔΥ	FR	Pre-Operational	c	$_{\rm NC}$	$\frac{\mathbf{J}}{\mathbf{R}} \mathbf{U}$	
Responsible				Temporary HACCP	Menu Type	e (See addi	tional page)	
Certified Fo		er		Other (list)	102	<u></u>	04050	
• 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 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		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 WES		E	DAIRY QUEEN & OJ	Telephone Number (812-482-2766)	Date of Ins (mm/dd/yr 02/06)	1D# 52
Establishm 606 W	ent Addres / 6TH	s (nu	mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-634-9588	02/06	/2023	
Owner PHYL	LIS S	TE	NFTENAGEL	Purpose:	Follow-up		se Date 16/2023
	STAC	ΈY	LANE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C	LIÉ P			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>	04050
• 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 tin	ne of inspection.			
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				Telephone Number	Date of Inspection (mm/dd/yr)	ction	ID#
)F JASPER	(812-482-6000	02/09/2	023	53
			mber and street, city, state, zip code) STRASSE, JASPER, IN, 47546	⁽ 812-661-7836	02/03/2	.020	
Owner KALA	INIC			Purpose:	Follow-up NO		e Date 19/2023
Owner's Ad				✓ Routine	_		
		so	n Road, Newburgh, IN, 47630	Follow-up	Summary of	Violation	ns:
Person in C				Complaint	$\frac{1}{2}$	$_{ m NC}$ () , 1
MARY	'KLE	M		Pre-Operational	C	NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	See addii	tional page)
G (C IF	177 11			Other (list)	.0.0).(\bigcirc
Certified For Molly 1			er 1/11/2022		1020	<u> </u>	<u> 405</u>
• CRITICAL							
• 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
118	С	R	Facilities food manager certif	ficate is expired		05/0	9/2023
			Inspector will contact manager on 2-13	3-23 to discuss this i	ssue		
Received by	(name and	title j		Inspected by (name and title pr Christina Pie	/		
Received by	(signature)):		Inspected by (signature):	<i>71</i> 11 11		
	(- 5	•		1			
cc:			ce:		cc:		



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				-			
Establishme DEB'S		UC	CK STOP	Telephone Number (812-389-2290	Date of Ins (mm/dd/yr		1D# 54
			mber and street, city, state, zip code) P.O. BOX 75, BIRDSEYE, IN, 47513				
Owner DEBC	RAH	D	ERNST	Purpose: Routine	Follow-uj		se Date 12/2023
Owner's Ac 25150		ND	DLER RD, BRISTOW, IN, 47515	Follow-up	Summary	of Violation	18:
Person in C	harge		ERNST	Complaint Pre-Operational	$_{\rm C}$ 4	($\frac{1}{2}$ R $\frac{4}{2}$
Responsible				Temporary	Monu Tyr	pe (See addii	tional naga)
Responsible	e rerson's	c-ma	ш	НАССР	Menu Typ	se (see aaan	nonai page)
Certified Fo			NST EXP. 8/18/2025	Other (list)	102	\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"			
• 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
191	С	R	Observed no dating system throughout the	facility on ready to e	at food	02/1	13/2023
173	С	R	Raw product seen being stored abo	ve ready to eat pro	duct	02/1	13/2023
			in white single door fridge across	from the cooks lin	ie		
295	С	R	Observed of food, dirt and debris throug	phout the facility on t	loors,	02/1	13/2023
			cabinets and dish stor	age table			
345	С	R	Double basin sink in kitchen labeled		only	02/1	13/2023
			appeared to be used for ot				
				' '			
							
Received by	(name and	title p		Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm DENI		#6	8878	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	(812-482-6006	02/01	/2023	55
			N STREET, JASPER, IN, 47546	480-722-9196			
Owner				Purpose:	Follow-up		e Date
TLIN,				✓ Routine	No		11/2023
2812 N Norwalk, Ste 131, MESA, AZ, 85215				Follow-up Complaint		of Violation	_
Person in C	Charge			Pre-Operational	_c 2	NC_	_p 2
Cursti	<u>e Elm</u>	ore	Э	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	ar.		Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			exp. 1/11/2026		1	<u> </u>	<u> </u>
• CRITICAL	LITEMS 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 "SUN	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 lunch meat on cook line	past expiration da	ate.	02/1	13/2023
438	С		Observed chemical spray bo	ttle not labeled.		02/13/2023	
418	NC	R	Observed employee food and drink items b	peing stored in deser	cooler	08/0	01/2023
			and not properly la	beled.			
Received by	(name and	title j		Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe	ection	ID#
DOM	INO'S	S F	PIZZA	812-634-9897	(mm/dd/yr) 02/02/2	2023	61
			mber and street, city, state, zip code) , JASPER, IN, 47546	⁽ 41 ⁷ -766-0493	02/02/	2023	
Owner				Purpose:	Follow-up		se Date
Sam D				✓ Routine	No	02/	12/2023
Owner's Ad		Λ.	to Charleston II C1000	Follow-up	Summary of	f Violation	18:
		А١	ve, Charleston, IL, 61920	Complaint	\cap	() (
Person in C		ro		Pre-Operational	$_{\rm C}$	NC_	P_{R}
April N			:1	Temporary	Manu Tyma	(Saa addi	tional page)
Kesponsible	e i cison s	L-ma	11	НАССР	wichu Type	(See aaai	ionai page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($),(•	$)_4\bigcirc_5\bigcirc$
April M	1cguire	e e	xp 9/16/2026		1	<u> </u>	
-			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		-	Го Ве Со	orrected By
			No Violations observed at tir	ne of inspection			
				'			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
		•		Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme EAST		l R	RECREATION CENTER INC.	Telephone Number (812-481-2695	Date of Ins (mm/dd/yr))	ID# 64
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) OADS AVENUE, JASPER, IN, 47546	(04)Owner4 000=		/2023	
Owner			JSAN LEMOND	Purpose: Routine	Follow-up		e Date 25/2023
Owner's Address P.O. BOX 701, JASPER, IN, 47547				Follow-up	Summary	of Violation	_
Person in C	harge		JSAN LEMOND	Complaint Pre-Operational	c_{1}	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			l exp. 10/8/2025	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 "SUN	MMARY OF VIOLATIONS" AN	ID IN THE N		
Section#	C/NC	R	Narrative				orrected By
216	NC	R	Observed cardboard lining the shelves u	nder prep tables in l	kitchen	08/1	15/2023
200			area.	him a fua ua assasa a ua	-:-4	00/	7/2022
296	С		Observed buildup of dirt/mold on ice mac	nine from excess mo	disture.	02/2	27/2023
			Owners are working to fix/replace ceiling	g tiles in dry storage	area.		
Received by	(name and	title	* /	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 FERD		NE	PROCESSING, INC.	Telephone Number (812-367-2073	Date of Ins (mm/dd/yr) 02/03)	1D# 75
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	⁽ 812 ⁻ 639-3104	02/03	72023	
Owner PAUL	AND	P	AULA GOGEL	Purpose: Routine	Follow-up No		e Date 13/2023
	FERD	INA	AND RD. E, FERDINAND, IN, 47532	Follow-up Complaint	Summary	of Violation	_
	AND		AULA GOGEL	Pre-Operational Temporary	<u>c_U</u>	NC	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ		tional page)
Certified For Amano			l exp. 7/19/2027	Other (list) 	1 <u>U</u> 2	<u></u>	<u> 1405</u>
• CRITICAL	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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	rrected 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:			cc:		cc:		



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Establishm	ont Nama			Telephone Number	Date of Inspe	ction	ID#
HAMI		١I	NN	(812-481-1888	(mm/dd/yr)		86
			mber and street, city, state, zip code)	⁽ 812-630-1355	02/09/2	2023	
355 31	RD A	٧E	NUE, JASPER, IN, 47546	012-030-1333			
Owner HAMF	PTON	INI	N	Purpose:	Follow-up	Releas	e Date 19/2023
		11.4	11	Routine			
Owner's Ac 355 31		۷E	NUE, JASPER, IN, 47546	Follow-up Complaint	Summary of		_
Person in C	harge		· · · · · · · · · · · · · · · · · · ·		$_{\alpha}$ U	NC_() , ()
HAMF	PTON	IN	N	Pre-Operational	<u> </u>	NC	_ R
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addii	tional page)
				НАССР			
Certified Fo			DOVAL 1/29/2026	Other (list)	1 2	<u>)</u> 3 <u>(•</u>	<u>14050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NAI	DD ATIVE	RFI OW AS "D"
				WIMARI OF VIOLATIONS AN			
Section#	C/NC	R	Narrative	6 1 41	J	o Be Co	orrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
			·	Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme	DEE'S	s (nu	RESTAURANT #1503373 mber and street, city, state, zip code) STREET, JASPER, IN, 47546	Telephone Number (812-634-9469 (877-312-4287 Purpose:	Date of Instance (mm/dd/yr 02/01	/2023	ID# 88
Starco	orp. Ll	LC		Routine	No		11/2023
Owner's Ad	ldress		D. I.O. 100 DI . 17 05011	Follow-up	_	of Violation	
		rn I	Rd Ste 100, Phoenix, AZ, 85014	Complaint	પ	NC_C) ()
Person in C		LC		Pre-Operational	c	NC_	R_{R}
Responsible			il	Temporary	Menu Typ	oe (See addit	ional page)
~				HACCP Other (list)		\bigcirc .	\bigcirc
Certified Foundation			xp. 9/2/2027		1 <u></u> 2	<u> </u>	<u> 4050</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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
173	С		Observed raw meat being stored ab	ove biscuits in war	mer.	Coi	rected
187	С		Observed eggs (room temperature) and	cheese (~53 degree	s) not	02/1	3/2023
			being stored in an ice bath on cook line of	ausing them to not b	e held		
			at improper temper	atures.			
296	С		Observed containers on food prep table to	not be cleaned and sv	vitched	02/1	3/2023
			out frequently enough (every 24 hours o	r if possible contami	nation		
			occurs).				
Received by	(name and	title 1		Inspected by (name and title properties) Kymberlee	inted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	DA Ment Address	s (nu	RA INCORPORATED mber and street, city, state, zip code)	(8)	12-684-0220	Date of Ins (mm/dd/yr 02/08		ID# 93
421 1/2	E 4Th	1 S	TREET, HUNTINGBURG, IN, 47542	8	12-309-0051			
Owner JOSE		١N	DA		rpose: Routine	Follow-up Yes		e Date 18/2023
Owner's Address 421 1/2 E 4TH STREET, HUNTINGBURG, IN, 47542					Follow-up	_ •	of Violation	
Person in C	harge			닏	Complaint Pre-Operational	$_{\rm c}$ 3	$_{\rm NC}$ 1	R = 1
JOSE				H	Temporary			
Responsible	e Person's	E-ma	il		НАССР	Menu Typ	oe (See addit	ional page)
Certified Fo	ood Handle	er			Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			/8/2024			1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO	N(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	rrected By
144	С		Observed severely dented cans of	on t	he shelf for reta	ail.	02/2	20/2023
438	С		Observed chemical spray bottle in k	itch	en area not lab	eled.	02/2	20/2023
346	NC	R	Observed no hand soap at hand washing	sin	k preventing emp	loyees	08/0	8/2023
			from properly washin	g h	ands.			
187	С		Observed upright coolers along wall to r	ot l	be working and h	olding	02/2	20/2023
			perishable food items (eggs, bu	ıtte	r, fish) for retail.			
Received by	(name and	title p			ected by (name and title pr	rinted):		
				Κ y	mberlee			
Received by	(signature)):		Inspe	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		10		(mm/dd/yr)			ID#
			RA INCORPORATED	812-684-0220	02/22		93
			mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	⁶ 812-309-0051	<i></i>		
Owner JOSE	MIRA	\N	DA	Purpose:	Follow-up Yes		se Date 04/2023
Owner's Ac			·	✓ Follow-up		of Violation	
421 1/2	2 E 4TH	HS	TREET, HUNTINGBURG, IN, 47542	Complaint		_	_
Person in C JOSE		١N	DA	Pre-Operational	c_2	NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For Jose N			·/8/2024	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4</u> 05
• 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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
192	С		Observed expired food (butter, sausag	ges and jello cups)	on the	03/0	06/2023
			shelf for retail				
187	С	R	Observed upright coolers along side wall	to not be working p	roperly	Co	rrected
			and holding perishable food	items for retail.			
			**Spoke with employee about getting c	oolers fixed and ren	noving		
			perishable food items and discarding the	expired and spoiled	foods		
			so none are purchased. Will follow-up	to verify coolers are	e fixed		
			and/or no perishable food items are b	eing stored in coo	lers.**		
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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Establishment Name HOLIDAY FOODS #3 Establishment Address (number and street, city, state, zip code) 1815 MAIN STREET, FERDINAND, IN, 47532					12-367-1771 312-660-0608		6/2023	ID# 94
Owner JOSH	WINI	KLI	ER		rpose: Routine	Follow-up No		e Date 13/2023
Owner's Address 353 E Medcalf, Dale, IN, 47523					Follow-up		of Violation	
Person in C		J (41)	,, , , , , , , , , , , , , , , , , , , ,	⊨	Complaint Pre-Operational	_c 3	NC_C) ,2
Sue				┢	Temporary	C	. NC	
Responsible	e Person's	E-ma	il		HACCP	Menu Typ	e (See addit	ional page)
Certified F	and Handle			_	Other (list)	100	\bigcirc),(),()
			_DING 9/27/2027	_		102	<u> </u>	4 <u>030</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	XED "C"			
• VIOLATIO	N(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
192	С	R	Observed expired lunch meat or	า th	ne shelf for retai	l.	Coi	rected
177	С	R	Observed boxes being stored on the floo	r ir	n deli walk-in cool	er and	02/1	3/2023
			in bakery walk-in fr	ee:	zer.			
173	С		Observed raw chicken and eggs being stor	ed	above ready to ea	t foods	Coi	rected
			in deli/bakery double doo	r re	frigerator.			
			,					
Received by	(name and	title j	printed):	Insp	ected by (name and title pr	rinted):		
				K۱	ymberlee			
Received by	(signature)):		Insp	ected by (signature):			
cc:			сс:			cc:		



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Establishme HOLI		IN	N EXPRESS	Telephone Number (812-482-3344	Date of Ins (mm/dd/yr	.)	ID# 96
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	()Owner 4	02/09	/2023	
Owner MADH		PA	ATEL	Purpose:	Follow-uj		te Date 19/2023
	AR LA	٩N	E, S BARRINGTON, IL, 60010	Follow-up Complaint	_ `	of Violation	_
	a Tho		ton-Watkins	Pre-Operational Temporary			$\frac{1}{2}$
Responsible			il .	НАССР	Menu Typ	oe (See addii	
Certified Fo			exp.	Other (list) 	1 2	<u></u>	<u>/405</u>
• 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" AN	D IN THE N		
Section#	C/NC	R R	Narrative	ad food managar			orrected By 21/2023
118	С	K	Facility does not have a certific	ed 1000 manager		02/2	1/2023
345	С	R	Hand sink had scrub brushes in it	and no paper towe	els	02/2	21/2023
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
				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

LIGHTO LONG OF THE PERSON AND AND THE		Date of Inspect (mm/dd/yr)	tion	100
	2-634-1103	02/01/2	023	100
375 S US HWY 231, JASPER, IN, 47546 (859))-353-7820			
Owner Purpose		Follow-up	Release	
Zhou Wen Dong	-	No		11/2023
731 W 8th St. IASPER IN 17516	ow-up aplaint	Summary of V	Violation	s:
Person in Charge	Operational	$_{c}$ 1 $_{c}$	$_{ m NC}$ ${\sf C}$) , 1
Znou wen Dong	nporary	C		_ N
Responsible Person's E-mail HAC		Menu Type (S	See additi	ional page)
Certified Food Handler Other	er (list)	1(),(),(•)	$_{4}\bigcirc_{5}\bigcirc$
Zhou Wen Dong exp 12/13/2024		1020	<u> </u>	<u>+ </u>
\bullet CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C	'C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF	OF VIOLATIONS" AND	IN THE NARI	RATIVE	BELOW AS "R"
Section# C/NC R Narrative		To	Be Co	rrected By
295 C R Observed significant buildup of dust/dirt/grease	e throughout fa	acility,	02/1	3/2023
especially on cook line beside fryer and dr	lry storage are	eas.		
	d by (name and title prin	nted):		
	nberlee			
Received by (signature): Inspected	d by (signature):			



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

Establishm SLAN		RS	OF DUBOIS, INC.	Telephone Number (812-678-2772)	Date of Ins (mm/dd/yr)	j	103
Establishm 5416	ent Addres E MA	ss (nu	mber and street, city, state, zip code) STREET, DUBOIS, IN, 47527	⁽ 812-631-2973	02/15	/2023	
Owner Chad	Perso	ohr	1	Purpose:	Follow-up		se Date // 25/2023
Owner's Ac 7265		nel	lville Rd, Schnellville, IN, 47580	Follow-up Complaint		of Violation	_
Person in C Chad		ohr	1	Pre-Operational	c_1_	NC_	J R_1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Madison			erl exp 12/19/2024	Other (list)	1 2	<u>3</u>	<u>)4O5O</u>
• 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 "SU	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 cleaning spray bottle in	n kitchen not labele	ed.	02/2	27/2023
Received by	(name and	l 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

Establishm			0	Telephone Number	Date of Ins (mm/dd/yr		ID#
HUC				812-683-5566	02/10		105
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(618-382-2334	02,10	2020	
Owner MART	IN &	ВА	YLEY INC.	Purpose: Routine	Follow-up		e Date 20/2023
Owner's Ac		ΙΑΙ	N STREET, CARMI, IL, 62821	Follow-up	Summary	of Violation	
Person in C		-		Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC 4	$2_{\rm R}2$
Jessie				Pre-Operational Temporary	<u> </u>	NC	_ ^
Responsible	e Person's l	E-ma	il	HACCP	Menu Typ		tional page)
Certified Fo			кр. 01/19/2026	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	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	NC	R	Observed boxes being stored on the floor	in hallway leading to	walk-in	02/2	20/2023
			cooler.				
295	NC	R	Observed buildup of dust/dirt/food debris	on racks in walk-in	cooler.	08/1	0/2023
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 HUN		Вί	JRG COUNTRY CLUB INC.	Telephone Number (812-683-3376	Date of Ins (mm/dd/yr)	107
Establishm	ent Addre	ss (nu	imber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	(0.4 à Owner 0.070	02/06	/2023	
Owner MEME	BERS	0	F CLUB	Purpose:	Follow-uj		e Date 16/2023
Owner's Ac) S	TREET, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	ns:
Person in C	harge		11.221, 11.3111111000110, 111, 47.042	Complaint Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC_($O_{\rm R}$
Ann B	enne	<u>tt</u>		Temporary	·		~
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$			
• 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
			No violations observed at time	ne of inspection.			
Danim dha	. (1 4:41 -		I			
Received by	(name and	ııııe		Inspected by (name and title properties) Kymberlee	imiea):		
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 I		RATHON (D-ROCK INC)	Telephone Number (812-482-5259)	Date of Ins (mm/dd/yr 02/09)	1D# 114
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(o.4)Owner o -404	02/03	72023	
		D	CONNIE JONES	Purpose: Routine	Follow-up		te Date 19/2023
Owner's Ac 1154 B		RO	OK RD., LOOGOOTEE, IN, 47553	Follow-up Complaint	Summary	of Violation	
Person in C		AΑ	NS .	Pre-Operational	c	NC	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Mary C			exp. 3/2027	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</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 "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	l 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

E 4 111 1	4.37			(T) 1 N 1	D / CI		TD #
	ER I		OOSE LODGE #1175	Telephone Number (812-482-2000)	Date of Ins (mm/dd/yr 02/02)	115
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812-482-2776	02/02	72023	
Owner MEME	BERS	0	F CLUB	Purpose: Routine	Follow-up No		se Date 12/2023
Owner's Ac 2507 N		01	N STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C BRIAN		'IN	INGER	Pre-Operational	c_ U	NC	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Edwin			r Jr exp. 12/17/2025	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	ON(S) REPE		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 tir	ne of inspection			
				•			
	ļ						
		L					
Received by	(name and	title		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
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	ent Name			Telephone Number Date of Inspection ID #			
COLUME	BIAN HC	ME	ASSOCIATION (KNIGHTS OF COLUMBUS)	(812-482-4292	(mm/dd/yr)		118
			mber and street, city, state, zip code)		02/09	/2023	
201 E	30th	ST	REET, JASPER, IN, 47546	⁽ 812-482-4292			
Owner MFMF	RERS	OI	THE CLUB	Purpose: Routine	Follow-up		e Date 19/2023
Owner's Ac			THE GEOD			of Violation	
201 E	30TH	1S	TREET, JASPER, IN, 47546	Follow-up Complaint	Summary		
Person in C	harge			Pre-Operational	CU	$_{\rm NC}$) _R ()
Keith :	Schro	ed	er	Temporary		110	^
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)
~				Other (list)	-		\bigcirc
Certified Fo			R GENCO 11/19/2024		1 2	<u>3</u>	<u> 405</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 tir	ne of inspection			•
Received by	(name and	title r	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

Establishm KROI		VE	ENDING	Telephone Number (812-482-3995)	Date of Ins (mm/dd/yr) 02/08	j	то# 124
			mber and street, city, state, zip code) NG ROAD, JASPER, IN, 47546	O A DOwner A GOOD	02/00/	/2023	
Owner DAN S	SMITH	4		Purpose:	Follow-up		e Date 18/2023
Owner's Ac 8823		R[D 775 E, STENDAL, IN, 47585	Follow-up Complaint		of Violation	_
Person in Co	harge		, ,	Pre-Operational	c 0	NC_	0_{R}
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Nancy			exp. 10/19/2027	Other (list)	102	<u>3</u>	<u>4</u> 050
• CRITICAL	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 "SU	JMMARY 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 ti	me of inspection			
Received by	(name and	title j	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

Establishm NEW		PEF	R BUFFET 88 INC	Telephone Numl		Date of Insp (mm/dd/yr)		то# 126	
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)			02/01/	/2023	120	
	1 NEW	/TC	ON STREET, JASPER, IN, 47546	⁽ 91 7 -306	-55/3				
Jin Fe	ng Zh	nen	ng	Purpose: Routine		Follow-up No		e Date 11/2023	
Owner's Ac	ddress			Follow-up		Summary	of Violation		
		<u> </u>	Strasse Apt. 4, Jasper, IN, 47546	Complaint			_	_	
Jin Fe		en	na	Pre-Operatio	nal	C	NC_	$\frac{2}{R}$	
Responsible Person's E-mail				Temporary		Menu Type (See additional page)			
				HACCP			\bigcirc_3		
Certified Fo			g exp. 5/16/2024	Other (list)		1 2	<u>3</u>	4050	
• 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 "SUN	MMARY OF VIOLA	TIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	rrected By	
217	NC	R	Observed foods in walk-in freezer an	d cooler be	ing sto	red in	08/0	1/2023	
			unapproved packages (gr	ocery bags).				
234	NC	R	Observed scoop in raw chicken on cook	line to not h	ave a h	andle.	08/0	1/2023	
177	С	R	Observed raw chicken and vegetables beir	ng stored on t	the floor	during	02/1	3/2023	
			preparation.						
173	С	R	Observed raw chicken being stored above	e ready to e	at vege	tables	02/1	3/2023	
			in walk-in coole	er.					
Received by	(name and	title p		Inspected by (name		rinted):			
Received by	(signature)):		Inspected by (signa					
•	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		۸ ⊏	SARS PIZZA	Telephone Number	Date of Ins (mm/dd/yr)		ID#
				812-556-5005	02/02	/2023	127
			nber and street, city, state, zip code) N STREET, JASPER, IN, 47546	618-928-1601			
Owner ROGE	R AN	1D	JANET AKERS	Purpose: Routine	Follow-up No		ne Date 12/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
)3 <u>,</u>	LAWRENCEVILLE, IL, 62439	Complaint	آ م	() (
Person in C	U			Pre-Operational	$_{\rm C}$ U		\mathcal{I}_{R} U_{R}
Roger				Temporary			
Responsible	e 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 (\bullet	$)_{4}\bigcirc_{5}\bigcirc$
			RS EXP. 12/13/2027		1	<u> </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 tin	ne of inspection			
					T		
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 LOS DOS CHARROS MEXICAN RESTAURAN				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-up No		16/2023
Owner's Ac 1027		S	T, HUNTINGBURG, IN, 47542	Follow-up Complaint	-	of Violation	
Person in C	harge			Pre-Operational	c_2	NC_S	$\frac{5}{2}$ R $\frac{5}{2}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	pe (See addii	tional page)
Certified Fo			xp. 4/11/2024	Other (list)	102	\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
189	С	R	Observed cooked foods being left on sto	ovetop to cool instea	d of in	02/1	16/2023
			smaller containers in wa	lk-in cooler.			
232	NC	R	Observed cardboard lining shelv	es in walk-in coole	r.	08/0	07/2023
173	С	R	Observed raw shrimp above chopped vege			02/1	16/2023
			cook line. Observed raw eggs above rea				0, _ 0 _ 0
			cooler.				
146	NC	R	Observed food being stored in unapproved	l bags in single door f	reezer.	08/0	07/2023
199	NC	R	Observed frozen meat being thawed at ro				07/2023
			in the walk-in cooler or under continu	·			
				J		<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:		



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

	I'S B	s (nu	ERY mber and street, city, state, zip code) ON STREET, HUNTINGBURG, IN, 47542	Telephone Number () Establishment (270-231-7478	Date of Ins (mm/dd/yr 02/10		134
Owner JIM M	AIN			Purpose:	Follow-uj		e Date 20/2023
Owner's Ac	ddress	NG	TON ST, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	ns:
Person in C	harge			Complaint Pre-Operational	$_{\rm C}$ 1	$_{\rm NC}$	$\frac{2}{R}$
Responsible		E-ma	il	Temporary HACCP	Мепи Тур	oe (See addi	tional page)
Certified Fo			N EXP. 1/19/22	Other (list)	102	<u></u>)4050
• 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 "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
296	С	R	Observed severe buildup of dust/dirt/deb	ris on donut cases,	floors,	02/2	20/2023
			walls and equipment through	nout the facility.			
310	NC	R	Observed severe buildup of dust/dirt/debr	ris on vents and in n	eed of	08/1	10/2023
			service on fryer exhaus	st system.			
346	NC	R	Observed no hand soap at hand washing si	ink by donut fryer pre	venting	08/1	10/2023
			employees from properly w	ashing hands.			
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 MOR		2	FSS		lephone Number 12-683-2405	Date of Ins (mm/dd/yr	·)	ID# 147
			mber and street, city, state, zip code)	1 .		02/06	5/2023	177
103 N I	MAIN	STI	REET, HUNTINGBURG, IN, 47542	8	12-630-8301			
Owner WAYN	IE KII	NG			rpose: Routine	Follow-uj		e Date 16/2023
Owner's Ad		/ D	IDOE III NITINGDUDO IN 47540		Follow-up	Summary	of Violation	is:
Person in C		r K	IDGE, HUNTINGBURG, IN, 47542	L	Complaint	2	NC_1	1
WAYN		NG	i	=	Pre-Operational	c	NC	R
Responsible	Person's	E-ma	il	┢	Temporary HACCP	Menu Typ	oe (See addit	ional page)
G 1101 1 1 1				—	Other (list)	. ()	\bigcirc_3	\bigcirc
Certified Food Handler JUSTIN KING 11/21/2027						1 <u></u> 2	<u> </u>	<u>′405</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					ED "C"			
• VIOLATIO	N(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				To Be Co	orrected By
192	С		Observed expired lunch meat and turkey be	oac	on on the shelf fo	r retail.	Cor	rrected
144	С	R	Observed severely dented cans of	on t	he shelf for reta	ail.	02/1	6/2023
218	NC		Observed handle to walk-in cooler by rece	ivin	g dock to be broke	en and	08/0	7/2023
			not closing prope	erly	′.			
Received by	(name and	title j		-	ected by (name and title pr	rinted):		
Received by	(signature)):			ected by (signature):			
cc:			cc:			cc:		



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Establishmo		PE	NO INC.		ephone Number 12-683-4048	Date of Ins (mm/dd/yr)	1D# 148
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(_		02/22	/2023	1.0
1107 N	MAIN	ST	REET, HUNTINGBURG, IN, 47542		06-224-2424			
Owner SUSA		MI	REZ		pose: Routine	Follow-up No		Date 04/2023
Owner's Ac		Dri	VO HIII CA 20646		Follow-up	Summary	of Violatior	18:
Person in C		ווע	ve, HULL, GA, 30646	=	Complaint	1	NC_	
SUSA		MI	REZ	=	Pre-Operational	C	NC	R
Responsible	Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addi	tional page)
G 10 15				\vdash	Other (list)).()-()
Certified For Javier			Z EXP. 1/21/2026			1 2	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	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		Observed food being stored uncovered in	in sr	mall single door f	reezer	Co	rrected
			by drink station	n.				
217	NC		Observed food being stored in bags unap	ppro	oved for food stor	rage in	08/2	22/2023
			small single door freezer by	y dı	ink station.			
Received by	(name and	title		-	ected by (name and title pr	rinted):		
Received by	(signature)):			ected 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		D (CONVENIENCE	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	(812-389-2898	02/02/2	2023	154
500 W	SR 6	34,	BIRDSEYE, IN, 47513	⁽ 812-631-1275			
Owner JUDIE	GUE)G	ER	Purpose:	Follow-up NO	Releas 02/	e Date 12/2023
Owner's Ad				Follow-up	Summary of	Violation	ıs.
710 N F	PHILL	IPS	BANK RD, BIRDSEYE, IN, 47513	Complaint		_	
Person in C ANGE		RE	EWS	Pre-Operational	c_ U	NC	$\frac{1}{R}$
Responsible	Person's	E-ma	il	Temporary	Menu Type	(See addit	tional page)
				HACCP			
Certified Fo			exp. 12/31/2022	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 NA	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	printed):	Inspected by (name and title pr	rinted):		
				Christina 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	A JOH ent Addres	s (nu	I'S PIZZA mber and street, city, state, zip code) 231, JASPER, IN, 47546	Telephone Number (812-482-1166) (812-280-1101)	Date of Inspection (mm/dd/yr) 02/02/2		1D# 158
Owner CHC E Owner's Ac 300 SPF Person in C ANDR Responsible	ENTE ddress RING S Charge REW L e Person's	RF T., Ul E-ma	PRISES INC STE 3A, JEFFERSONVILLE, IN, 47130	Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-up NO Summary o C Menu Type 1 2	02/ f Violation NC	R 1
• CRITICAL	LITEMS 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			
Section#	C/NC	R	Narrative				orrected By
295	NC	R	Observed build up on pizza	cooking chains		08/0)2/2023
			***	·			
			**Employee stated management is work	ring on finding a con	npany		
			to clean it**				
D 11	. (1	4:41		Tunnested has (n. 147)			
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 QUAL Establishm	_ITY		N mber and street, city, state, zip code)	Telephone Number (812-683-2334	Date of Ins (mm/dd/yr)	162
			STREET, HUNTINGBURG, IN, 47542	⁽ 812-661-7836			
		EL	S GROUP LLC	Purpose: Routine	Follow-up NO		se Date 16/2023
Owner's Ac		2.5	ON RD., NEWBURGH, IN, 47630	Follow-up	Summary	of Violation	18:
Person in C	harge		OIV IND., INE VIDOR OI I, II V, 47 000	Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	$_{\rm NC}$	0 ,
SAM				Temporary	<u> </u>		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			0/16/2023	Other (list)	102	<u></u>)4050
• 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 "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		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

Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			HOME SERVICE, LLC	812-254-2438	02/17/	2023	175
			mber and street, city, state, zip code) _ HIGHWAY, WASHINGTON, IN, 47501	612-439-8497	02/11/	2020	
	INATIO	NAL	- HIGHWAT, WASHINGTON, IN, 4750T		F-11	D-1	D-4-
		101	ME SERVICE, LLC	Purpose: Routine	Follow-up NO		se Date 27/2023
Owner's Ac			Delta MADOLIALI MAL 50050	Follow-up	Summary o	f Violation	ns:
		ege	Drive, MARSHALL, MN, 56258	Complaint	\cap	() ()
Person in C Rober		am	ns	Pre-Operational	c_U	NC	J _R U
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP	$1 \sim 6$		
Certified Fo		er		Other (list)	1 <u>0</u> 2		<u>/4</u> 05
• 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 "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 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

					_		
SPU[00	DD MART	Telephone Number (812-482-7031	Date of Ins (mm/dd/yr)	180
			mber and street, city, state, zip code) E ROAD 56, JASPER, IN, 47546	(04) Owner 0440		/2023	
Owner Joshu	a & B	roc	oke Sermersheim	Purpose:	Follow-up		se Date 11/2023
Owner's Ac 3477) W	, JASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C Brook		me	ersheim	Pre-Operational Temporary	c_1	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fook			sheim exp. 12/31/2022	Other (list)	1 2	<u>3</u>)4 <u>U</u> 5 <u>U</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 "SUI	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 severely dented cans of	on the shelf for reta	ail.	02/	13/2023
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

Establishme		R	G 24-N-MORE		lephone Number 12-481-1036	Date of Ins (mm/dd/yr)	183
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	1	12-482-5753	02/02	/2023	100
1781 (JS 23	31 3	S, JASPER, IN, 47546		12-402-3733			
Owner STER	NBEF	RG	INC.	I	rpose: Routine	Follow-uj		te Date 12/2023
Owner's Ac					Follow-up	Summary	of Violation	ns:
1781 l	HWY	23	1 S, JASPER, IN, 47546		Complaint		_	
Person in Co		E			Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-mai	il	=	Temporary	Menu Typ	e (See addi	tional page)
				\vdash	HACCP			
Certified Foundation Toyce			3/15/2026		Other (list)	1 <u>U</u> 2	<u>3</u>	<u> 1405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
• VIOLATIO		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	orrected By
			No Violations observed at tir	ne	of inspection			
Received by	(name and	title p	,		ected by (name and title pr			
Received by	(signature):			ected by (signature):			
	(0							
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 SUBV		<i>‡</i> 27	776 -Sharma Inc. (@ 26th St.)	Telephone Number (812-482-4422)	Date of Ins (mm/dd/yr	j	то# 185
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(-, 10wner,	02/27	/2023	100
Owner			AVEZ SHARMA- SHARMA INC.	Purpose:	Follow-up		Le Date 09/2023
		11/	AVEZ SHAKIVIA- SHAKIVIA INC.	Routine	110	03/	09/2023
Owner's Ac 3289 \$		НΑ	RLES ST, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in C		PR/	AVEZ SHARMA- SHARMA INC.	Pre-Operational	c O	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified F			EVD 4/20/2020	Other (list)	$1 \bigcirc 2$	\bigcirc_3	0_4 0_5
KINA	SHAR	IVI <i>F</i>	A EXP 1/20/2026				
• 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:			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	ction	ID#
TRIP	LE M		E	812-827-0359	(mm/dd/yr) 02/14/2	0023	201
			mber and street, city, state, zip code) RIVE, HUNTINGBURG, IN, 47542	⁽ 812-827-0359	02/14/2	.023	
Owner	DET			Purpose:	Follow-up		e Date
BRAD Owner's Ac		EK		✓ Routine	No	1	24/2023
		and	d Road E., Huntingburg, IN, 47541	Follow-up	Summary of	Violation	ns:
Person in C			, s s 3 s 3 , ,	Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC () , ()
BRAD	PET	ER		Pre-Operational Temporary	<u> </u>	NC	K
Responsible	e Person's	E-ma	il	НАССР	Menu Type	See addii	tional page)
Certified F	177 11			Other (list)	.0.6		\bigcirc
Exemp		er			1020	<u>/</u> 3 <u> </u>	<u> 4050</u>
·		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 NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o 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:			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 WINF		W	EST BED AND BREAKFAST	Telephone Number (812-556-0111	Date of Ins (mm/dd/yr)	то# 212
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-556-0111	02/06	/2023	
Owner REGII	VA &	FR	ED TONE	Purpose:	Follow-uj		se Date 16/2023
Owner's Ac		S	TREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C REGII		FR	ED TONE	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 REGIN			D-TONE EXP 12/15/2025	Other (list)	102	<u>3</u>)4050
• CRITICAL	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 1	printed):	Inspected by (name and title p	rinted):		
	, man]		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 CEDA		RES	ST INTERMEDIATE SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr		то# 218
			mber and street, city, state, zip code) Road 162, Huntingburg, IN, 47541	⁽ 812-817-0900	02/22	/2023	
Owner			DUBOIS CO SCHOOL CORP	Purpose:	Follow-up		se Date 04/2023
Owner's Ac		St	., Ferdinand, IN, 47532	Follow-up Complaint	Summary	of Violation	
Person in C		um	nbley	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			oley 01/19/2027	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 "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 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		`^	LINITY OF CLIDITY OF NITED	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			UNTY SECURITY CENTER	1 0 1 10 00 00 00 00 00 00 00 00 00 00 0	02/15/	2023	224
255 B			mber and street, city, state, zip code) rass, Jasper, IN, 47546	⁽ 812-482-3522			
Owner DUBC	IS C	OU	NTY SECURITY CENTER	Purpose: Routine	Follow-up NO		Se Date 25/2023
Owner's Ac	ddress			Follow-up Complaint	Summary o	_	
Person in C JOAN		HN	JARR	Pre-Operational	c_ U	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified For			veich exp. 8/6/2024	Other (list)	102	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
•			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	orrected By
			No violations observed at tin	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

Establishment Address (number and street, city, statis, zip code) 5533 E ST. RAPHAEL ST, DUBOIS, IN, 47527 Owar' Address S379 E MAIN STREET, DUBOIS, IN, 47527 Ferrou in Charge NORTHEAST DUBOIS CO SCHOOL CORP North Complaint Fre-Operational	Establishmo		- I	EMENTARY	Telephone Number (812-678-2251	Date of Inspe (mm/dd/yr)		ID# 225
Owner NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail Reases Date No 2/25/2023 Owner's Address S379 E MAIN STREET, DUBOIS, IN, 47527 Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail Re	Establishme	ent Addres	s (nu	mber and street, city, state, zip code)		02/15/2	2023	220
NORTHEAST DUBOIS CO SCHOOL CORP Owner's Address 379 E MAIN STREET, DUBOIS, IN, 47527 Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail	5533 E	ST.	RA	PHAEL ST, DUBOIS, IN, 47527				
Sary E MAIN STREET, DUBOIS, IN, 47527 Complaint	NORT		ST	DUBOIS CO SCHOOL CORP				
Percoperational Pre-Operational Pre-Operat			INI	STREET DUBOIS IN 47527		Summary of	Violation	is:
Responsible Person's E-mail Certified Food Handler Krystal Mann exp. 7/27/2026 Certified Food Handler Krystal Mann exp. 7/27/2026 Certified ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *VIOLATIONS) 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.	Person in C	harge				0	$_{\rm NC}$	0 ,
Responsible Person's I-mail Certified Food Handler Krystal Mann exp. 7/27/2026 - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" - Section# C/NC R Narrative - No violations observed at time of inspection. - No viola						<u> </u>	NC	N
Krystal Mann exp. 7/27/2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection.	Responsible	e Person's	E-ma	il		Menu Type	(See addii –	tional page)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R No violations observed at time of inspection.					Other (list)	$_{1}\bigcirc_{2}($	$)_3$	$_{4}\bigcirc_{5}\bigcirc$
• VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R No violations observed at time of inspection. Inspection observed at time of inspection. No violations observed at time of inspection. Inspection observed at time o	Krysta	l Manı	n e	xp. 7/27/2026				
Section# C/NC R No violations observed at time of inspection. Inspected by (name and title printed): Kymberlee No violations observed at time of inspected by (name and title printed): Kymberlee Inspected by (signature):	• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
No violations observed at time of inspection.					MMARY OF VIOLATIONS" AN			
Received by (name and title printed): Inspected by (signature): Inspected by (signature):	Section#	C/NC	R			7	To Be Co	rrected By
Received by (signature): Inspected by (signature):				No violations observed at tim	ne of inspection.			
Received by (signature): Inspected by (signature):								
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Received by (signature): Inspected by (signature):	Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
Received by (signature): Inspected by (signature):					Kymberlee			
cc: cc: cc:	Received by	(signature)):					
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

	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	02/13	72023	
Owner NORT	HEA	ST	DUBOIS CO SCHOOL CORF	Purpose: Routine	Follow-up No		se Date 25/2023
	E MA	IN	STREET, DUBOIS, IN, 47527	Follow-up Complaint	Summary	of Violation	
	HEAS		DUBOIS CO SCHOOL CORF	Pre-Operational Temporary	C_U	NC_	
Responsible Certified Fo				HACCP Other (list)	Menu Typ	e (See addi	tional page)
			xp. 7/24/2023		1 <u>0</u> 2	<u></u>	<u> </u>
• CRITICAL	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 "S	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 ti	me of inspection.			
Received by	(name and	title j	printed):	Inspected by (name and title p	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

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	DINA		ELEMENTARY SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr) 02/22		1D# 227
			mber and street, city, state, zip code) , Ferdinand, IN, 47532	⁽ 812-817-0900	02/22	2023	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		e Date 04/2023
	15TH	S1	TREET, FERDINAND, IN, 47532	Follow-up Complaint	-	of Violation	
Person in C Debbi		ech	ler	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 Debora			nler 1/19/2027	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 "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.			
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FORE		PΑ	RK JR-SR HIGH SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr)	ID# 229
			mber and street, city, state, zip code) o St., Ferdinand, IN, 47532	⁽ 812-817-0900	02/22	/2023	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj		se Date 04/2023
Owner's Ac 432 E 1		STR	EET, FERDINAND, IN, 47532-9199	Follow-up Complaint	_ `	of Violation	_
Person in C Lisa F		er		Pre-Operational Temporary	C	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			exp 1/19/2027	Other (list)	102	<u></u>)4050
• CRITICAL	L 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 "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.			
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				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
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Establishm		/ CI	ENTRAL CAMPUS (@ Precious Blood)	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-482-4461	02/17	/2023	231
			ST., JASPER, IN, 47546	⁽ 812-482-4461			
Owner		N I A	A C A N I	Purpose:	Follow-up		se Date
GAIL		IN/	AGAN	Routine	No	02/	27/2023
Owner's Ac 1385		า S	t., Jasper, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C	harge			Pre-Operational	$_{\rm C}$ ${\rm O}$	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
GAIL				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	er		Other (list)	102	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
			5/1/2023		1	<u></u>	<u> </u>
			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.			
				<u>-</u>			
Received by	(name and	title j		Inspected by (name and title p	rinted):		
				Kymberlee			
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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

Establishme 990 C Owner GAIL I Owner's Ad 1385 \ Person in C Ambel Responsible	TRINI ent Addres hurch FLAN Idress N. 6th harge r Huc Person's	NA NA NA NA NA NA NA NA NA NA NA NA NA N	t., Jasper, IN, 47546 by exp. 8/7/2023	(8 Pu	lephone Number 312-482-4485 312-482-4485 rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	r) 7/2023 p Releas	27/2023 D R O
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
SCCIOII#	CITIC	1/		20.	of increation		TODEC	nicettu By
			No violations observed at time	е	or inspection.			
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Daggi 11	(aiam-t	١.						
Received by	(signature)).		ınsp	ected by (signature):			
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Establishm HUNT		3U	RG ELEMENTARY SCHOOL	Telephone Number (812-683-1172)	Date of Ins (mm/dd/yr) 02/14	j	1D# 233
			mber and street, city, state, zip code) DRIVE, HUNTINGBURG, IN, 47542	⁽ 812-683-1172	02/14/	72023	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		e Date 24/2023
Owner's Ac		NC	STREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C		=		Pre-Operational Temporary	c_ U	NC_	
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified For rita 12				Other (list) 	1 <u>U</u> 2	<u>3</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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No Violations observed at tin	ne of inspection			
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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

Establishmed 4940 \\ Owner GREATOWNER'S ACT 1520 STRESPONSIBLE Certified For Certifie	ER JAMPER ST. C.	S (number) ASI HA /eri E-mai		Telephone Number (812-482-7751 (812-482-1801 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	7/2023 Releas	27/2023 D R O
• 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" AN	D IN THE N		
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 properties) Kymberlee	inted):		
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

Establishmod JASP		СН	IRISTIAN ACADEMY	Telephone Number (812-634-2406)	Date of Ins (mm/dd/yr	j	1D# 235
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	812-634-2406	02/02	/2023	200
	IIISIAE	ט ;	r., Jasper, IN, 47546				
Owner JASPI	ER A	PO	STOLIC CHURCH	Purpose:	Follow-up		ne Date 12/2023
Owner's Ac	ddress			Follow-up	Summary	of Violation	ıs:
				Complaint	1	(1
Person in C		NC		Pre-Operational	c_1	NC_	/ R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\sim	
Certified For			exp. 12/21/2026	Other (list)	1 2	<u>3</u>	<u>14050</u>
			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	orrected By
438	С	R	Observed a spray bottle containing	g a chemical withou	ıt a	02/1	3/2023
			name to identify wh	nat it is			
			,				
Received by	(name and	l title		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
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Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			SH SCHOOL	812-482-6050	02/17/2	2023	237
			mber and street, city, state, zip code) RLES ST, JASPER, IN, 47546	⁽ 812-482-1801	02/11/1	-020	
Owner GREAT	ΓER J	ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-up NO		e Date 27/2023
Owner's Ac 1520 S		HA	RLES ST, JASPER, IN, 46546	Follow-up Complaint	Summary or	f Violation	ns:
Person in C	harge		PFFMAN	Pre-Operational	c 0	NC_	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible				Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo			n exp.11/20/2023	Other (list)	$1 \bigcirc 2$	$\underline{)}_3\underline{\bigcirc}$	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!		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.			
				1			
Received by	(name and	title p		Inspected by (name and title properties) 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

Establishme 3600 F Owner GREAT Owner's Ad 1520 S Person in C Dawn Responsible	ER Nent Address PORTI	ASI HA HEI E-mai	DDLE SCHOOL mber and street, city, state, zip code) SVILLE RD, JASPER, IN, 47546 PER CONSOLIDATED SCHOOLS RLES ST, JASPER, IN, 46546	Purpose: Routine Follow-up	Follow-u No Summary	r/2023	27/2023 D R O
• 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
			No violations observed at time	ne of inspection.			
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Received by	(name and	uue p	· · · · · · · · · · · · · · · · · · ·	Inspected by (name and title pr Kymberlee	inteu):		
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

Establishm NOR		45	T DUBOIS HIGH SCHOOL	Telephone Number 812-678-2251	Date of Ins (mm/dd/yr	j	ID# 242
Establishm	ent Addres	s (nu 30	mber and street, city, state, zip code) IS RD NE, DUBOIS, IN, 47527	⁽ 812-678-2781	02/15	/2023	
Owner NORT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj		se Date 25/2023
Owner's Ac 5379		IN	STREET, DUBOIS, IN, 47527	Follow-up Complaint	Summary	of Violation	
Person in Court Joyce		ma	n	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 JOYCI			/IAN exp. 3/12/2024	Other (list)	102	<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	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.			
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Received by	(name and	title p		Inspected by (name and title position of the control of the contro	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

Establishme PINE		GE	ELEMENTARY SCHOOL	Telephone Number (812-817-0900)	Date of Ins (mm/dd/yr) 02/24	j	1D# 244
Establishm 4613	ent Addres S. Pin	ss (nu e F	mber and street, city, state, zip code) Ridge Rd., Birdseye, IN, 47532	(a.4)Owner_ acco	02/24	/2023	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-up		se Date 06/2023
Owner's Ac		St	., Ferdinand, IN, 47532-9199	Follow-up Complaint	Summary	of Violation	_
Person in C		ЭU	TGSELL	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			exp. 1/19/2027	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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.			
				<u>-</u>			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
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Establishmo		OF	SAINT BENEDICT	Telephone Number 812-367-1411	Date of Inspe (mm/dd/yr)		ID# 246
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) [REET, FERDINAND, IN, 47546]	(\Owner	02/03/2	2023	2.0
Owner			ST. BENEDICT	Purpose:	Follow-up No	Releas 02/	e Date 13/2023
	10TH	ST	REET, FERDINAND, IN, 47532	Follow-up Complaint	Summary of	_	
Person in C	asher			Pre-Operational Temporary	<u>c_U</u>	NC_	
Responsible			il	HACCP Other (list)	Menu Type		
Certified Fo			0 4/20/2026		1 2	<u>)</u> 3 <u>(•</u>	4050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D. D. WHE NA	ND 4 7511 115	DEL OW 10 (DE
• VIOLATIO Section#	C/NC	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN Narrative	MMARY OF VIOLATIONS" AN			orrected By
Section#	C/NC	K	No violations observed at tim	o of inspection		о ве Со	rrected By
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n : 1:		4141	· D	Y (11 / 100	· + 1)		
Received by				Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
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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	(a.4)Owner	02/14	/2023	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up		se Date 1 <mark>24/2023</mark>
Owner's Ad 113 N J		NC	STREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
	EE C		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	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 "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			
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Received by	(signature)):		Inspected by (signature):			
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	THRI		GE MIDDLE SCHOOL	Telephone Number (812-683-2272	Date of Ins (mm/dd/yr)		ID# 248
Establishm 1112 S	ent Addres S MAI	s (nu N	mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542		02/14/	2023	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		e Date 24/2023
	ACKS	NC	STREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in CORA I	_EE C			Pre-Operational Temporary	c_ U _	NC_	
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified ForaLe			exp. 6/15/2026		1 <u>2</u>	<u>3</u> C	<u> </u>
• 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	orrected By
			No Violations observed at tin	ne of inspection			
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Received by	(name and	title j		Inspected by (name and title processing Pie			
Received by	(signature)):		Inspected by (signature):			
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Establishme WINC		(CHILL LLC	Telephone Number (812-536-2176	Date of Inspe (mm/dd/yr)		ID# 254
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	812-639-9712	02/06/2	2023	254
	MEK	טו	IAN, HOLLAND, IN, 47541				
Owner Andre	a & Ji	im	Bounds	Purpose:	Follow-up NO		e Date 16/2023
Owner's Ad				Follow-up	Summary of	Violation	ns:
915 HI	CKOF	RΥ	DR, HUNTINGBURG, IN, 47542	Complaint			
Person in C		N[D JASON DIEKHOFF	Pre-Operational	c_ U	NC_	U_{R}
Responsible				Temporary	Menu Type	(See addi	tional page)
•				НАССР			
Certified Fo	od Handle	er		Other (list)	$_{1}()_{2}($	$)_3$	$_{4}\bigcirc_{5}\bigcirc$
NEED:	SBY	8/6	/2023				
• 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	To Be Co	rrected By
			No violations observed at tin	ne of inspection.			
				'			
Received by	(name and	title p	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishme				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			s BBQ	812-630-6670	02/03/	2023	276
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	(812-630-6670	02/03/	2023	
	/V. 11	UU	S., Huntingburg, IN, 47542				<u> </u>
Owner Ashley	/ Sch	WO.	enne	Purpose:	Follow-up		e Date 13/2023
Owner's Ac		VVO	СРРС	Follow-up			
		00	W., Huntingburg, IN, 47542	Complaint	Summary o		` ^
Person in C	harge			Pre-Operational	$_{c}$ 0	NC_) _R ()
Ashley				Temporary	C		
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	J TT JI			Other (list)	100	7,6	\bigcirc
Ashley			eppe		1	<u></u>	<u> 4030</u>
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		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.			·
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Received by	(signature):		Inspected by (signature):			
	(- _F			
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 KIM'S				Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-684-8079	02/08	/2023	356
410 E			HUNTINGBURG, IN, 47542	651-261-4991			
Owner Rober	t Kerr	-		Purpose: Routine	Follow-up		e Date 18/2023
Owner's Ac	ddress			Follow-up		of Violation	
6824	S 400	W	', HUNTINGBURG, IN, 47542	Complaint	<u> </u>		_
Person in C		RF	₹	Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	R U
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
G 10 17	1			Other (list)		\bigcirc_3	\bigcirc
Certified For CHAD			exp. 2/21/2023		1 22	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
342	NC		served hand washing sink to not have hot water due to knob being				08/2023
			broken and in need o	of repair.			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
	(5			1 3 (0 //-			
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		\mathcal{O}	D SERVICE INC.	Telephone Number (812-683-4200	Date of Ins (mm/dd/yr)		ID# 373
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) /., HUNTINGBURG, IN, 47542	712-870-0307	02/10	/2023	0.0
Owner	J. 1 00	<i>y</i> v v	7., 110111111000110, 111, 47342	Purpose:	Follow-up	Releas	e Date
	R FO	<u>DC</u>	SERVICE, INC.	Routine	No		20/2023
Owner's Ad		٦١ <i>C</i>	SAN ST., STORM LAKE, IA, 50588	Follow-up	Summary	of Violation	ns:
Person in C		iiG	IAN 51., STORW LAKE, IA, 50566	Complaint	0	NC_) ()
		DC	SERVICE, INC.	Pre-Operational	c	NC_	R
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	ar		Other (list)	102	\bigcirc_3),(),()
			/09/2026		1	<u></u>	<u> 4030</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 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:			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#	
GG'S	PIZZ	<u>ZA</u>	LLC	(812-482-9006				
			mber and street, city, state, zip code) I STREEET, JASPER, IN, 47546	⁽ 812-630-8538	OZIOZIZ	1020		
Owner KYLA	GOL	LE	R	Purpose: Routine	Follow-up No		se Date 12/2023	
Owner's Ad 7340 N) W	, JASPER, IN, 47546	Follow-up Complaint	Summary of	`Violation	ns:	
Person in C	harge			Pre-Operational	\cup \cup	$_{\rm NC}$ () _R ()	
KYLA				Temporary			~	
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addii	tional page)	
Certified Fo			ER 9-17-23	Other (list)	$1 \bigcirc 2$	<u>)</u> 3)4050	
• 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 "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 tin	ne of inspection				
Received by	l (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

	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			
Owner GREA	TER J	AS	PER CONSOLIDATED SCHOOLS	Purpose:	Follow-up No		e Date 27/2023
Owner's Ad		AR	LES STREET, JASPER, IN, 47546	Follow-up	Summary	of Violation	
Person in C	harge			Complaint Pre-Operational	c_0	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Мепи Тур	oe (See addi	tional page)
Certified Fo			PRF 2027	Other (list)	102	<u></u>	04050
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	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.			
Daggiyad by	, (mama and	l title	naintad):	Inspected by (name and title n	rintad):		
Received by	(name and	ille		Inspected by (name and title p Kymberlee	inicu).		
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

				_				
-	ERIA'		LLARTA MEXICAN GRILL CORP		ephone Number 12-684-8002	Date of Ins (mm/dd/yr		тр# 397
			mber and street, city, state, zip code) ST., HUNTINGBURG, IN, 47542		12-309-0053			
Owner ADRIA		R/	ANDA		pose: Routine	Follow-uj		e Date 18/2023
	OST,	hu	ntingburg, IN, 47542		Follow-up Complaint	-	of Violation	
Person in C	N NA			=	Pre-Operational Femporary			2 _R 3
Responsible	e Person's	E-ma	il	=	НАССР	Menu Typ	oe (See addii	ional page)
Certified Fo			ES 1-23-2025		Other (list)	1 2	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	// ARKI	ED "C"			
• VIOLATIO	ON(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
173	С	R	Observed raw meat (chicken and beef) ar	nd e	ggs being stored	above	02/2	20/2023
			ready to eat foods in wa	ılk-ir	n cooler.			
177	С	R	Observed several boxes being stored or	n the	e floor in walk-in	cooler	02/2	20/2023
			and freezer. Observed several food item	ns b	eing stored unco	overed		
			in walk-in freez	er.				
409	NC		Observed missing ceiling tile ab	oove	walk-in cooler		08/0	08/2023
438	С	R	Observed chemical spray bo				02/2	20/2023
342	NC		Observed hand sink by dishwasher to			water.		08/2023
					, , , , , , , , , , , , , , , , , , ,			
Received by	(name and	title p			ected by (name and title pr	rinted):		
Received by	(signature)):			ected 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				Telephone Number	Date of Ins (mm/dd/yr)		ID#
One I	Moor	e E	Bar & Grill	812-678-2491	02/15		413
			Dubois, IN, 47527	⁽ 812-678-2506		2023	
Owner				Purpose:	Follow-up		se Date
Annet		ore		✓ Routine	No	02/	25/2023
Owner's Ac		a m	oro St Dubois IN 47527	Follow-up	Summary	of Violation	18:
Person in C		all	ore St, Dubois, IN, 47527	Complaint		() ()
Annet		ore	j	Pre-Operational	C	NC_	7 R O
Responsible				Temporary	Menu Typ	e (See addi	tional page)
•				НАССР			
Certified For			4/25/2023	Other (list)	102	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>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 "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 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 SONI		82	2		ephone Number 12-827-2001	Date of Ins (mm/dd/yr	o)	ID# 424
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	=1	17-324-7768	02/01	/2023	727
723 W	/ 6th 3	ST,	, JASPER, IN, 47546	4	17-324-7768			
Owner North	Fork	Но	ldings LLC/Jacob Stauffer		rpose: Routine	Follow-u		e Date 11/2023
Owner's Ac		_		П	Follow-up	Summary	of Violation	is:
	•	Cer	nter Ste 2008, West Plains, MO, 65775		Complaint	1) (
Person in C Howal		mn	ners	=	Pre-Operational	C	NC_	$\frac{2}{R}$
Responsible				=	Геmporary	Menu Tyj	e (See addii	ional page)
				Щ	HACCP		\sim	
Certified Food Handler Lakisha Burton exp 3/11/2026					Other (list)	1 <u>0</u> 2	<u></u>	<u>14</u> 050
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS					ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMAI	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
191	С		Observed several food and drink items no	ot pro	operly dated thro	ughout	02/1	3/2023
			food prep line and drin	nk s	tation.			
347	NC		Observed no paper towels at hand was			k line.	Col	rrected
433	NC		Observed mop not being	, hui	ng to dry.		08/0	1/2023
Received by	(name and	title 1	printed):	Inspe	ected by (name and title pr	rinted):		
,	`				/mberlee	,		
Received by	(signature)):		Inspe	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				Telephone Number	Date of In		ID#
			on House] (812 - 351-1414	11`	5/2023	459
			mber and street, city, state, zip code) ORD N, Dubois, IN, 47527	⁽ 812-351-1414		72020	
Owner	11-11			Purpose:	Follow-u		se Date
Curtis				Routine	No	02/	25/2023
Owner's Ac		R	d N, French Lick, IN, 47432	Follow-up	Summary	of Violation	
Person in C		<i>,</i> , ,		Complaint	$\int_{\Omega} 0$	NC_	. ()
Curtis				Pre-Operational		. NC	R
Responsible	e Person's	E-ma	il	Temporary	Menu Ty	pe <i>(See addi</i>	tional page)
				HACCP			
Certified For Cherry			p. 3/2/2027	Other (list)	1 2	<u>3</u>	<u>/4</u> <u>5</u> <u>5</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIC	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
347	NC		Observed no hand towels at h	and washing sink		08/1	15/2023
						1	
			**Observed mops not being hung properly	to dry. Reminded o	wner to		
			hang mops upside dow	•			
			<u> </u>	<u> </u>		- I	
						- I	
						l	
						<u> </u>	
						<u> </u>	
						<u> </u>	
						ĺ	
						1	
Received by	(name and	title j		Inspected by (name and title Kymberlee	printed):		
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 Inspection ID #					
Casc	ade (Cat	fe	(8	12-998-2229	(mm/dd/y	r) 0/2023	472	
			mber and street, city, state, zip code) Ferdinand, IN, 47532	(3	52-215-0612	02/10	<i>"2023</i>		
Owner Rob V	/ilson)		I	rpose: Routine	Follow-u No		se Date 20/2023	
Owner's Ac 214 W		St	r, Ferdinand, IN, 47532		Follow-up Complaint	Summary	of Violation		
Person in C	harge				Pre-Operational	c O	($\frac{\mathbf{J}}{\mathbf{R}}$	
Responsible	e Person's	E-mai	il	=	Temporary HACCP	Menu Ty	pe (See addi	tional page)	
Certified For Angela			exp. 5/12/2026		Other (list)	1 2	<u></u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	ММА	RY OF VIOLATIONS" AN	D IN THE I	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				To Be Co	orrected By	
			No violations observed at time	ne c	of inspection.				
			<u> </u>						
Received by	(name and	title p		-	ected by (name and title pr	rinted):			
Received by	(signature)):			ected 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				Telephone Number Date of Inspection (mm/dd/yr)				
Braise				812-482-6775	02/03/	2023	482	
			mber and street, city, state, zip code)	(812-482-6775	02/03/	2023		
	SIAI	ᅡ	RD 545, Celestine, IN, 47521			_		
Owner Holly I	Epple			Purpose: Routine	Follow-up NO	Release 02/	e Date 13/2023	
Owner's Ac				Follow-up	Summary o	f Violation	ns:	
7800 €	e ellsv	ION	th rd, Celestine, IN, 47521	Complaint	آ م	_		
Person in C	_			Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$\int_{\mathbb{R}} U$	
Holly I				Temporary) / T	(C 11:	. 7	
Responsible	e Person's	E-mai	ll .	НАССР	Menu Type	(See addii	tional page)	
Certified Fo	ood Handle	er		Other (list)	1()2(\bigcirc_3	$)_{4}\bigcirc_{5}\bigcirc$	
Holly E	Epple (exp	o. 3/21/2024		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 "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 tir	ne of inspection				
				•				
Received by	(name and	title p	printed):	Inspected by (name and title pr Christina Pie				
Received by	(signature)):		Inspected by (signature):	• • •			
-	- /			- · · · · ·				
cc:			ce:		cc:			



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E 4 111 1	4 NT			TILL NIL	Date of Ins		TD #
Establishm D JA'		AF	R AND GRILL	Telephone Number (812-608-1719)	(mm/dd/yr)	1D# 506
			mber and street, city, state, zip code)	(812-608-1719	02/23	/2023	
1163 v	werns	sinç	g rd, jasper, IN, 47546	012-000-1719			
Owner DENN	IIS BL	JR	GDORF	Purpose:	Follow-up		e Date 05/2023
Owner's Ac				Follow-up	Summary	of Violation	18.
1163 v	werns	sing	g rd, jasper, IN, 47546	Complaint	-		
Person in C	harge			✓ Pre-Operational	_c 2	NC_1	l _B U
DENN	IIS Bl	JR	GDORF		L	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addii	tional page)
				НАССР			
Certified F				Other (list)	$1 \bigcirc 2$	$\bigcup_3 \bigcirc$	$0.4 \bigcirc 5 \bigcirc$
has 6	month	s to	o get				
• 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	rrected By
173	С		Raw meat product (chicken, beef) was be	ing stored over ready	to eat	03/0	06/2023
			product in sliding glass door				
345	С		Hand sink in kitchen was being use		hes	03/0	06/2023
174	NC		Several items in the white single door fr	eezer were in plasti	c bags	07/2	24/2023
			with no identification as to	•			
			new owner will have 6 months to obtain a	a food managers certif	ficate		
D : 11		, 1	·	T 4 11 7 100			
Received by	(name and	title	,	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	ont Nama			Telephone Number	Date of Ins	naction	ID#
		G	BY MEYER	812-367-1690	(mm/dd/yr)	j	20
			mber and street, city, state, zip code) TE RD 162, HUNTINGBURG, IN, 47542	⁽ 812-367-1690	03/10/	2023	
Owner BRAD	BRC)W	N & JARED FELTNER	Purpose: Routine	Follow-up		e Date 20/2023
Owner's A	ddress) 162, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	ns:
Person in C	harge		N & JARED FELTNER	Complaint Pre-Operational	$_{\rm c}$	$_{\rm NC}$	0_{R}
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified F			ER exp. 7/18/2022	Other (list)	$1 \bigcirc 2$	<u></u>	$0_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	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	rrected By
			No Violations observed at tin	ne of inspection			,
Received by	(name and	title		Inspected by (name and title pr 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

							_
Establishmo TIEN		10	RA INCORPORATED	Telephone Number (812-684-0220	Date of Ins (mm/dd/yr)	ID# 93
			mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	(812-309-0051	03/06	/2023	
Owner JOSE	MIRA	١N	DA	Purpose:	Follow-up No		e Date 16/2023
Owner's Ac 421 1/2		H S	TREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	ns:
Person in C JOSE	harge			Pre-Operational	$_{\rm C}$	NC_	$\frac{0}{\mathbf{R}}$
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			H/8/2024	Other (list)	102	<u>3</u>	04050
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	` '	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No Violations observed at tin	ne of inspection			
			ALL VIOLATIONS FOUND ON 2/22/23 I	HAVE BEEN RESOL	.VED		
Received by	(name and	title		Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):	<i>/</i> 11111		
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 JASP		SK	ATE PALACE, INC.	Telephone Number (812-482-4565)	Date of Ins (mm/dd/yr)	1D#
			mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	(31 7 -224-7808	03/04	/2023	
Owner BRIAN	N ANI	o s	STEPHANIE RAWLINS	Purpose:	Follow-up No		se Date 14/2023
Owner's Ac 1795 \		Н	AVENUE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		rr		Pre-Operational	C	NC_	R
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handl	er		Other (list)	102	<u></u>)4050
• 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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
355	NC	R	Facility has no servi	ce sink		09/0	02/2023
438	С	R	Several bottles of a blue chemical found	d on a shelf below re	gister	03/	14/2023
			with no name o	n it			
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

				Ţ			
	VEST		AFÉ & MARKET	Telephone Number (812-482-5115)	Date of Ins (mm/dd/yr		то# 142
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.4.)Owner a accom	03/01	/2023	
Owner ROLA	NDA	G/	ABHART	Purpose: Routine	Follow-uj		se Date 11/2023
Owner's Ac 1250		IN	STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		SII	DY-GABHART	Pre-Operational Temporary	c_ U	NC_	$I_{R}U$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addi	tional page)
Certified F			RTZ EXP 3/15/2026	Other (list)	1 <u>0</u> 2	<u>3</u>)4 <u>U</u> 5 <u>U</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
409	NC		Observed missing ceiling panel in dishwash	ing area exposing ins	ulation	09/0	01/2023
			and unshielded ligh	tbulbs.			
			3				
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

TRES		A٧	'ES MEXICAN GRILL	Telephone Number (812-998-2033	Date of Ins (mm/dd/yr)	1D# 200
			mber and street, city, state, zip code) I., FERDINAND, IN, 47532	812-899-1289	03/01	/2023	
Owner			AN AYALA	Purpose: Routine	Follow-up		e Date 11/2023
Owner's Ac 206 CF		101	NT DRIVE, VINCENNES, IN, 47591	Follow-up Complaint	Summary	of Violation	_
Person in C		ZQ	UEZ	Pre-Operational Temporary	c_ U	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ		tional page)
Certified For LAURA			JEZ 04/20/2027	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAI	L ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
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	inted):		
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme				Telephone Number Date of Inspection (mm/dd/yr)				
			AND HEALTH CARE CENTER TOWER CAFE	(8	12-996-0519		/2023	334
			nber and street, city, state, zip code) 「., JASPER, IN, 47546	() Owner			
Owner					rpose:	Follow-u		e Date
Owner's Ac	Idnoss				Routine	No		11/2023
Owner's Ac	iuress				Follow-up	Summary	of Violation	_
Person in C	harge				Complaint	$_{0}$	NG ($\mathbf{O}_{\mathbf{R}}$
RAVE	N MA	RC	CHINO	=	Pre-Operational Temporary	<u> </u>	NC	K
Responsible	e Person's	E-mai	I		HACCP	Menu Tyj	oe (See addi	tional page)
Certified Fo		er		_	Other (list)	1 2	\bigcirc_3	<u>4</u> <u>6</u> <u>5</u> <u>0</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "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
			No violations observed at tim	ne o	of inspection.			
Received by	(name and	title p			ected by (name and title pr	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

Establishmo	STIN ent Addres	s (nui	COMMUNITY CLUB mber and street, city, state, zip code) DRTH RD, CELESTINE, IN, 47521	(812-678-3631) (812-678-3631)			6/2023	376
Owner MEME	BER	O۱	WNED	<u> </u>	rpose: Routine	Follow-uj		e Date 25/2023
Owner's Ac		321	, CELESTINE, IN, 47521		Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge Y EPI	PLI	<u> </u>		Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-mai	1	=	Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Fo			EXP 3/21/2024		Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative		of increation		To Be Co	orrected By
			No violations observed at time	е с	or inspection.			
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

101 P Owner Sergic Owner's Ac	TEC ent Addres LACE D Flore ddress adesc Dharge D Flore	es es on	D., JASPER, IN, 47546 Lane, Glasgow, KY, 42141	Telephone Number (812-482-7550 (270-925-4303) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u Summary C)/2023 Release 03/	19/2023 s: 2 R_O
Certified Fo	Casill	102	<u>O</u> 3 <u>C</u>	<u>_4</u> _5_			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative	rigorotor with double	alooc		rrected By
439	С		Bottle with chemicals in it hanging by ref		e glass	03/2	20/2023
205	NO		doors had no name to iden	,	سنامان	03/20/2022	
295	NC		Metal plate inside the ice maker holdi		•	03/20/2023 09/11/2023	
203	NC		Several employee cups in the food pre	•			
345	С		Hand sink located next to the drink dum	·	used	Coi	rected
			to thaw food pro	duct			
Received by				Inspected by (name and title p Christina 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

Frien		osi	oitality of Huntingburg LLC	Telephone Number (812-684-9494	Date of Ins (mm/dd/yr)		то# 451
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) reet, Huntingburg, IN, 47542	812-684-9494	03/29	/2023	
Owner Manis			<u> </u>	Purpose:	Follow-up		se Date 08/2023
Owner's Ac 8366		. D	r, Newburgh, IN, 47650	Follow-up Complaint	_ `	of Violation	_
Person in C Christ	harge			Pre-Operational	c_0	NC_	$\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Michael			son 8-25-2026	Other (list)	102	<u>3</u>)4050
• 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 "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	orinted):	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 THE		HE	N/MADIS MAIN SQUEEZE	Telephone Number (812-241-7458	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	03/01	/2023	
Owner			ISON NIEDERBERGER	Purpose:	Follow-uj		se Date 11/2023
Owner's Ac 1611		ГΟ	N ST, JASPER, IN, 47542	Follow-up Complaint	Summary	of Violation	_
Person in C RYAN		٩D	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 2/27/2026	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	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	(4.41	·	T 4 11 / 102	15		
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

							~
Establishm AGA\		1Ε	XICAN GRILL FOOD TRUCK	Telephone Number (812-998-2033)	Date of Ins (mm/dd/yr	·j	ъ# 507
Establishm	ent Addres	ss (nu S	mber and street, city, state, zip code) T., FERDINAND, IN, 47532	⁽ 812-899-2033	03/06	3/2023	
Owner IVAN				Purpose:	Follow-uj		se Date // 18/2023
Owner's A		AN G	GRILL FOOD TRUCK, 1935 MAIN ST, IN, 47532	Follow-up	Summary	of Violation	ns:
Person in C	Charge			Complaint Pre-Operational	$_{\rm C}$	NC_	$\frac{0}{\mathbf{R}}$
Responsible			il	Temporary	Menu Tyr	ne (See addi	tional page)
Responsible	c i ci son s	L-IIIa		НАССР	wichu Typ	oc (see aaai	nonui puge)
Certified F			JEZ 4-20-2027	Other (list)	102	\bigcirc_3	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAI	L 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
			OK TO OPERA	TE.			
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

Establishme	as M ent Addres S 231	s (nu I, J	ican Grill mber and street, city, state, zip code) asper, IN, 47546	(8) (8) Pu	12-556-0135 12-229-1188 12-229-1188	Date of Ins (mm/dd/yr 03/09 Follow-u) /2023 p Releas	493 e Date 19/2023
Owner's Ac		116	<u> </u>		Routine	C		
		4, E	3razil, IN, 47834		Follow-up Complaint	-	of Violation	
Person in C	harge			╞	Pre-Operational	$_{\rm C}$ 1	NC_1	$R \cup R$
Rikki N				F	Temporary			
Responsible	e Person's	E-ma	il		НАССР	Menu Ty	oe (See addit	ional page)
Certified Fo	ood Handle	er			Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$0_4 \bigcirc 5 \bigcirc$
Rikki N	/lathe	ney	exp. 8/31/2027	_)		<u></u> _
• 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 "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
334	С		Ice machine drainage hose does not have	e a	2 inch air gap be	etween	03/2	20/2023
			it and the drai	n				
234	NC		Ice machine scoop is being stored	on	top of the mach	nine	09/1	1/2023
			exposing it to possible dust and					
Received by	(name and	title p	printed):	Insp	ected by (name and title pr	rinted):		
				C	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

Establishme AMER		LE	GION POST 124 (FERDINAND)	Telephone Number (812-367-1241	Date of Ins (mm/dd/yr)	ID# 2
Establishme 425 M	ent Addres AIN S	s (nui	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(04/26		
Owner MEME	BERS	OI	F CLUB	Purpose: Routine	Follow-up No		se Date 06/2023
Owner's Ac		STF	REET, FERDINAND, IN, 47532	Follow-up Complaint	Summary	of Violation	
Person in C Kristi I				Pre-Operational	C O	NC_	I R U
Responsible	e Person's	E-mai	ı	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	LITEMS AR	E IDE	NTIFIED 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				orrected By
199	NC		Observed raw chicken being thawe	d at room tempera	ture.	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			LACE LLC	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			LACE, LLC.	812-482-7600	04/25/2	2023	28
			mber and street, city, state, zip code) D 56, JASPER, IN, 47546	⁽ 812-639-2631			
Owner CHRIS	S HIM	ISE	L	Purpose:	Follow-up NO		e Date 05/2023
Owner's Ad			V/ I IV 47500	Follow-up	Summary of	f Violation	is:
		Ν,	Velpen, IN, 47590	Complaint	\cap	() (
Person in C		NN	IER	Pre-Operational Temporary	c	NC_	P R U
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	100	\bigcirc_3	\bigcirc
			RT exp. 12/13/23		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 "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 tir	me of inspection			
Received by	(name and	title 1	orinted):	Inspected by (name and title pr	rinted).		
- coorred by	, manie und			Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo COM		ΤI	NN FERDINAND	Telephone Number (812-998-2121	Date of Ins (mm/dd/yr)	ID# 47
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(a.a.)Ownera	04/26	/2023	.,
123 SC	ENIC	HIL	LS COURT, FERDINAND, IN, 47542				
Owner K-4 IN	IVES	ГΜ	ENTS LLC	Purpose: Routine	Follow-uj	L L	Date 06/2023
Owner's Ac				Follow-up	Summary	of Violation	is:
		ILLE	SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024	Complaint	\cap		$\frac{2}{R}$
Person in C Corinr		nia	ı	Pre-Operational	$_{\rm C}$	NC_	- R_O
Responsible				Temporary	Menu Typ	e (See addii	tional page)
				HACCP			
Certified For 11/18/2		er		Other (list) 	1 <u>U</u> 2	<u>3</u>	<u>/4</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 "SUN	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 hand washing	g sink preventing emp	oloyees	10/2	26/2023
			from properly drying	hands.			
177	NC		Observed boxes of clear plastic cups be	eing stored on the flo	oor by	10/2	26/2023
			shelving unit in kit	chen.			
Received by	(name and	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

Establishme FLEI		:ΔΙ	 FÉ	Telephone Number	Date of Ins (mm/dd/yr		ID# 77
			mber and street, city, state, zip code)	(812 ^E 367 ^E 1310	04/26	/2023	, ,
			REET, FERDINAND, IN, 47532	⁽ 812-630-7723			
Owner	DT I/	17		Purpose:	Follow-up		
ROBE Owner's Ac		.11	IEN	✓ Routine	No		06/2023
		Ξ. Ι	FERDINAND, IN, 47532	Follow-up	Summary	of Violation	ns:
Person in C	harge	·	,,	Complaint Pre-Operational	1 1	NC_) , 1
Kevin	Kline			Temporary	L	NC	_ ^
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle	or		Other (list)	100	\bigcirc_3),(),()
			exp 12/7/2026			<u></u>	<u> 4030</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 "SUN	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 fish being thawed above	e ready to eat chicl	ken in	05/0	08/2023
			walk-in cooler				
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		<u> </u>		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			TAILIAN STEAK HOUSE	812-661-6093	04/26/	2023	135
			mber and street, city, state, zip code) Г., HUNTINGBURG, IN, 47542				
Owner BRAN	DON	A(CLES	Purpose:	Follow-up No		Date 06/2023
Owner's Ac				Follow-up	Summary o	f Violation	ns:
		S	Г., HUNTINGBURG, IN, 47542	Complaint	\cap		
Person in C BRAN		A(CLES	Pre-Operational Temporary	c_ U	NC_	R U
Responsible	e Person's	E-ma	il	HACCP	Menu Type	: (See addi	tional page)
Certified Fo	3 77 31			Other (list)	1 - 0.0	7,6	\bigcap_{i}
Phil Ol			2024		102	<u></u>	<u> 4030</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
• 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
411	NC		Soda fountain/drink station does not ap	pear to have enoug	ıh light	10/2	27/2023
			to properly serve th	ne area			
Received by	(name and	title	printed):	Inspected by (name and title p	rinted).		
Treceived by	(manie una	i titic 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

Establishme		R	AND GRILL	Telephone Number (812-367-1250) Date of Inspection (mm/dd/yr) 151				
			mber and street, city, state, zip code)	1.	312-367-1250	04/26	5/2023	131
935 M	AIN S	STF	REET, FERDINAND, IN, 47532	8	312-661-2636			
Owner CHER	YL H	OC	PER	I,——	rpose: Routine	Follow-up No		se Date 06/2023
Owner's Ac		IRI	STREET, FERDINAND, IN, 47532		Follow-up	Summary	of Violation	ns:
Person in C	harge			╚	Complaint Pre-Operational	0	$_{\rm NC}$ (0 ,
CHER					Temporary	C	. NC	N
Responsible	Person's	E-mai	1		НАССР	Menu Typ	oe (See addi	tional page)
Certified Fo			ausen exp. 11/28/2024		Other (list)	$1 \bigcirc 2$	<u></u>)4050
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	ИΜА	ARY 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	ie (of inspection.			
Received by	(name and	title r	arinted):	Insn	ected by (name and title pr	inted):		
-10001104 by	,			•	ymberlee			
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

E-4-bE-b	4 NI			Talambana Namaban	Date of Ins	naatian	ID #
RED RED		SE	<u> </u>	Telephone Number (812-309-2139	(mm/dd/yr)	1D# 253
			mber and street, city, state, zip code) Huntingburg, IN, 47542	(812-309-3780	04/14	/2023	
Owner			SE MORGAN	Purpose:	Follow-up		e Date 24/2023
Owner's Ac 502 E		٩ve	e., Huntingburg, IN, 47541	Follow-up Complaint	Summary	of Violation	_
Person in C	harge		SE MORGAN	Pre-Operational	c_ U	NC	$\frac{\mathbf{D}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ		tional page)
Certified For Denise			05/23	Other (list)	1 2	<u>3</u>	<u>14050</u>
• CRITICAL	ITEMS 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	Narrative			To Be Co	rrected By
			No violations observed at time	ne of inspection.			
				•			
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		1	iciana Kattla Cara	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			icious Kettle Corn	812-789-3124	04/29/	2023	289
2700 l			Road 64, Winslow, IN, 47598	⁽ 812-789-3124			
Owner Kelly I	Mabre	ey.		Purpose: Routine	Follow-up No		e Date 09/2023
Owner's Ac			D 104 M" 1 IN 47500	Follow-up	Summary o	f Violation	is:
		ıte	Road 64, Winslow, IN, 47598	Complaint	\cap	() ()
Person in C Kelly I		y		Pre-Operational Temporary	C	NC_(R U
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
C	4 17 41			Other (list)	10,0)3(•	\bigcirc
Certified For Kelly N			/25/2022		1 2	<u></u>	<u> 4050</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 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 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

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			Nosh Wagon	812-381-0029	04/29/2	2023	297
			mber and street, city, state, zip code)	⁽ 812-381-0029	04/23/	2023	
	S. Stc	ne	Rd, Bloomfield, IN, 47424			•	
Owner Jackie	\ \	_		Purpose:	Follow-up	Releas	
Owner's Ac		е		✓ Routine	No		09/2023
		ne	Rd, Bloomfield, IN, 47424	Follow-up	Summary o	f Violation	is:
Person in C		/110	rta, Biodifficia, III, 41424	Complaint	0	$_{\rm NC}$) ()
Jackie		е		Pre-Operational	C	NC_	_ R
Responsible			il	Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified Fo			2/22/2025	Other (list)	1 <u>0</u> 2(<u>3</u>	<u> 14050</u>
Jackie	vvnite) [0/22/2025				
• 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		,	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):		
,	•			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

Establishm YAR[ΑΊ	Γ ARTISAN ALES	Telephone Number (812-639-1868)	Date of Ins (mm/dd/yr 04/29)	1D# 406
Establishm	ent Addres 4TH S	s (nu TR	mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	(a.,)Owner	04/29	/2023	
Owner JEFF	SCHI	PP		Purpose: Routine	Follow-up No		ne Date 09/2023
Owner's Ac 9315		E,	FERDINAND, IN, 47532	Follow-up Complaint		of Violation	
Person in C		PP		Pre-Operational Temporary	c_1	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			PP exp. 10/14/2024	Other (list)	102	<u>3</u>	<u>4</u> 050
• CRITICAL	L ITEMS AR	RE 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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
136	С		Observed an employee drink withou	t a lid in food prep	area.	05/0	09/2023
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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Establishmo		Δ	ITAL PIZZA		lephone Number	Date of In (mm/dd/yr	spection ·)	ID#
			mber and street, city, state, zip code)	۵' [312-309-4550 Owner	04/29	/2023	421
			JASPER, ÎN, 47546	() Owner			
Owner KYLE	& JA	MIE	E JAHN		rpose: Routine	Follow-u No		e Date 09/2023
Owner's Ac		.1 /	17546		Follow-up	Summary	of Violation	18:
N/A, N Person in C		N, 2	17 340		Complaint	\mathbf{O}	NC_) ()
		MIE	E JAHN		Pre-Operational	c	NC_	<u>R</u>
Responsible	e Person's	E-mai	il		Temporary HACCP	Menu Ty	oe (See addi	tional page)
Certified Fo				_	Other (list)	100	\bigcirc),()
KYLE			26	_		1 <u>0</u> 2		<u>/4050</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
			No violations observed at time	ne (of inspection.			
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

					1		
Establishm CALC		А		Telephone Number (812-319-3246)	Date of Ins (mm/dd/yr		1D# 445
			mber and street, city, state, zip code) 60 E, OTWELL, IN, 47564	(812-319-3246	04/29	/2023	
Owner OLIVA	A HOI	NΑ	LD & BRITTANY HARBIN	Purpose:	Follow-up		se Date 09/2023
Owner's Ac 5959		85	0 E, OTWELL, IN, 47564	Follow-up Complaint	Summary	of Violation	
Person in C		NΑ	LD & BRITTANY HARBIN	Pre-Operational Temporary	_C	NC_($\int_{\mathbb{R}} U$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F			D 6/11/2026	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• 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	l 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

Establishme'V		c H	;3	Telephone Number () Establishment	Date of Insp (mm/dd/yr)	ection	ID#
				() Establishment	04/17/	2023	510
			mber and street, city, state, zip code) , Jasper, IN, 47546	⁽ 812-646-5289			
Owner	- D	.	C	Purpose:	Follow-up	Releas	
Georg		าหร	SSr.	Routine	No	04/	27/2023
Owner's Ad		st. (Cannelton, IN, 47520	Follow-up	Summary o	of Violation	is:
Person in C		, , ,	5 am 10 10 11, 11 1, 17 0 2 0	Complaint	[()	NC_()
Jessic		lov	vay	✔ Pre-Operational		NC_	R
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP	$I \frown i$		
Certified For Has 6			o get (Oct 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	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			To Be Co	rrected By
			No violations observed at tim	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

Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Dip S	tix			317-617-5888	04/26	,	509
			mber and street, city, state, zip code) Or, Huntingburg, IN, 47542	(31 7 -617-5888	04/20	72025	
Owner	1	/C	Otavit	Purpose:	Follow-up		e Date
		r/5	usan Stout	Routine	No	05/	06/2023
Owner's Ac 2004		d E	Or, Huntingburg, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	harge			Pre-Operational	$_{\rm C}$ U	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
			usan Stout	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle	or.		Other (list)	102	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
			p. 4/4/2028		1 <u> </u>	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Completed inspection on prior date and fo	und fryer, hood syste	em and		
			extinguisher not up t	to code.			
			Followed up with owners and all previous vi	iolations have been re	esolved		
			with the help of the fire of	department.			
			·	•			
			OK to operate	9			
			·				
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#
			cess Farm, LLC	(812-631-7848	(mm/dd/yr) 04/28/2	วกวร	515
			mber and street, city, state, zip code)	812-631-7013	04/20/2	2023	
	N Cuz	ZCO	Rd N, French Lick, IN, 47432				
Owner	Malia	200	Schroeder	Purpose:	Follow-up NO		ne Date 08/2023
Owner's Ad		550	Schloeder	Routine			
		zco	Rd N, French Lick, IN, 47432	Follow-up	Summary of	_	
Person in C					$_{c}$ 0	NC_) "()
Dan &	Melis	ssa	Schroeder	Pre-Operational	<u></u>	NC	K
Responsible	e Person's	E-mai	il	Temporary	Menu Type	(See addii	tional page)
				HACCP	\bigcirc		
Certified For		er		Other (list)	1 <u>U</u> 2 <u>U</u>	<u>)</u> 3 <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 "SUI	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 time	ne of inspection.			
			**OK to operate	· **			
			On to operate	··			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
	. 5						
cc:			cc:		cc:		



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Establishme APPLE		SN	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 = 4.000	05/26	/2023	
		NT	RAL, LLC	Purpose: Routine	Follow-up No		e Date 05/2023
Owner's Ac		'80	732, WICHITA, KS, 67278	Follow-up	Summary	of Violation	_
Person in C Ronal	harge			Complaint Pre-Operational	c_{1}	NC_1	$\frac{1}{R}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addit	tional page)
Certified For			exp. 8/26/2026	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"							
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
218	NC	R	Observed reach in cooler door on toppin			11/2	27/2023
			properly and in need of a new gasket to		proper		
			temperature.				
295	С	R	Observed severe buildup of dust/dirt/deb		doors '	06/0)5/2023
			and holding tables on	cookline.			
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				Telephone Number	Date of Inspect (mm/dd/yr)	ction	ID#
ARB	/'S#	53	92	⁽ 812-482-7111	05/26/2	U23	7
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	678-514-4100		.023	
Owner RTM (OPER	RAT	TING COMPANY,LLC	Purpose: Routine	Follow-up NO	Releas 06/	e Date 05/2023
Owner's Ac		: PA	ARKWAY NE, ATLANTA, GA, 30328	Follow-up	Summary of	Violation	is:
Person in C			, ,	Complaint Pre-Operational	$\frac{1}{2}$	$_{ m NC}$ () , ()
Jonath	nan C	rur	nes		C	NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type (See addii	ional page)
Certified Fo			'EY 10/7/2022	Other (list)	$1\bigcirc 2$	<u>)</u> 3 <u>©</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	L 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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		T	o Be Co	rrected By
204	С		Observed employee phone sittin	g on food prep line	€.	Co	rected
Received by	(name and	titla •	arinted):	Inspected by (name and title pr	rinted):		
Received by	(name and	uue J		Kymberlee	micu).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		ΚI	NG #1002	Telephone Number (812-634-9669	Date of Ins (mm/dd/yr		ID# 23
			mber and street, city, state, zip code)		05/26	/2023	23
			N STREET, JASPER, IN, 47546	⁽ 315-424-0513			
Owner CARR	\sim	11	C	Purpose:	Follow-uj		e Date 05/2023
Owner's Ac		느느	<u>C</u>	Routine	_		
		ST	REET, SYRACUSE, NY, 13203	Follow-up Complaint	Summary	of Violation	` ^
Person in C	harge			Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
richard				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	ional page)
Certified Fo	ood Handle	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			exp. 7/7/2027		1	<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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
193	С		Observed no time stamps on vegetable	es on sandwich pre	ep line	06/0	5/2023
			indicating what time produce was setout	or needed to be disc	arded.		
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
·	ĺ						
cc:			ce:		cc:		



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Establishment Address (number and street, city, state, zip code) 1801 SR 162, FERDINAND, IN, 47532 Owner Purpose: Follow-up Release Date	Establishmo			NERAL STORE #7817	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
1801 SR 162, FERDINAND, IN, 47532 615-855-4000 Owner's Address Follow-up Release Date Follow-up Follow-up Release Date Follow-up Follow-up Follow-up Follow-up Follow-up Follow-up Follow-up Follow-up Foll					812-367-0527	05/26/2	2023	59
DOLGENCORP, LLC. Owaer's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072 Person in Charge tammy fiske Responsible Person's E-mail	1801	SR 16	32,	FERDINAND, IN, 47532	615-855-4000			
Owner's Address 100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072 Forson in Charge tammy fiske Responsible Person's E-mail HACCP Certified Food Handler Exempt - Certified Food Handler - Certified Food H		ENC	OR	RP. LLC.				e Date 05/2023
100 MISSION RIDGE, GOODLETTSVILLE, TN, 37072 Complaint Person in Charge Complaint Pre-Operational Temporary Complaint Pre-Operational Temporary Pre-Operational Temporary Pre-Operational Temporary Pre-Operational Pre-			•	,	 			
Person in Charge tammy fiske Responsible Person's E-mail C	100 MIS	SSION	RI	DGE, GOODLETTSVILLE, TN, 37072		Summary 0	_	
Responsible Person's E-mail Certified Food Handler						CU	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$
Responsible Person's E-mail Certified Food Handler EXEMPT Certified Food Handler Circle Food Previous Inspections are denoted in the "Summary of Violations" and in the Narrative Below Section# C/NC R Narrative No violations observed at time of inspection. No violations observed at time of inspection.								
Certified Food Handler EXEMPT - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW Section# C/NC R Narrative To Be Corrected No violations observed at time of inspection.	Responsible	e Person's	E-ma	il		Menu Type	(See addi	tional page)
EXEMPT CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW Section# C/NC R Narrative To Be Corrected No violations observed at time of inspection. No violations observed at time of inspection.						-	7.6	$\bigcirc\bigcirc$
*VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW Section# C/NC R Narrative No violations observed at time of inspection.			er			1 <u>0</u> 2	<u>3</u> C	<u> 4050</u>
Section# C/NC R No violations observed at time of inspection. No violations observed at time of inspection. No violations observed at time of inspection.	• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
No violations observed at time of inspection. No violations observed at time of inspection. Inspected by (name and title printed):	• 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"
Received by (name and title printed): Inspected by (name and title printed):	Section#	C/NC	R			Ī	Го Ве Со	orrected By
Kymberlee				No violations observed at time	ne of inspection.			
Kymberlee								
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Kymberlee	Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
Received by (signature): Inspected by (signature):			1			/-		
	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

Establishm		\sim ı	LCTOD ININI INIC	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			I STOP INN, INC.	812-683-4220	05/17/2	2023	73
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-309-2624			
Owner WAYN	IE FE	HF	RIBACH	Purpose: Routine	Follow-up NO		e Date 27/2023
Owner's Ac				Follow-up	Summary of	Violation	ns:
		RUI	N ROAD, HUNTINGBURG, IN, 47542	Complaint	1	() (
Person in C		HF	RIBACH	Pre-Operational Temporary	C	NC_	R U
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0	$)_3$),()_5()
			p. 11/14/2022		1 22	<u></u>	4030
			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		7	To Be Co	orrected By
118	С		The food manager certificate at t	he facility is expire	ed		
			spoke with owner on a plan to	o get a new one			
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

Establishme FRATE		0	RDER OF EAGLES AERIE #3335	Telephone Number (812-683-3335)	Date of Ins (mm/dd/yr) 05/03)	1D# 78
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(0.4 d) where 0005	05/03	/2023	
Owner FRATE	RNAL	OR	DER OF EAGLES #3335 MEMBERS	Purpose: Routine	Follow-up		te Date 13/2023
	3OX 1	68	B, HUNTINGBURG, IN, 47542	Follow-up Complaint		of Violation	_
	HĔR		ELCHER	Pre-Operational Temporary		-	2 _R 2
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Heathe			er exp. 3/15/2026	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>14</u> 05
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO		ATED	D 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
199	NC	R	Observed frozen meat being thawed	d at room temperat	ture.	Co	rrected
295	NC	R	Observed buildup of dust/dirt/debris on	cooling fan in doubl	e door	11/0	03/2023
			cooler in back storag	ge room.			
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

			• • • • • • • • • • • • • • • • • • • •				
Establishm LONG		ΗN	N SILVER'S #70196	Telephone Number (812-482-2132	Date of Insp (mm/dd/yr) 05/26/		1D# 128
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(-0)Owner - 0444	05/20/	2023	
Owner LJS O	PCO	10	NE LLC	Purpose: Routine	Follow-up No		e Date 05/2023
Owner's Ac 10350 (BY	PARK AVE, LOUISVILLE, KY, 40222	Follow-up Complaint	Summary o	_	
Person in C David		m	an	Pre-Operational	c	NC_	$\frac{2}{R}$ $\frac{1}{R}$
Responsible				Temporary HACCP	Menu Type	e (See addi	tional page)
Certified F			S EXP. 9/8/2026	Other (list)	$1 \bigcirc 2$	<u>3</u>	0_4 0_5
			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	rrected By
297	NC	R	Observed buildup of dust/dirt/food debri	s on floor drains in f	ront of	11/2	27/2023
			fryers.				
138	NC		Observed employees in kitchen area n	ot wearing hair rest	raints.	11/2	27/2023
			, ,	- U			
					+		
Received by	(name and	title		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

Establishmen 450 HV Owner	NAL ot Addres VY 2	s (nui 31	S #5349 (Jasper South) The street, city, state, zip code) S, JASPER, IN, 47546 SK MANN	(8) (2) Pu	16phone Number 12-482-7778 270-566-1749 17pose:	Date of Inc (mm/dd/yr 05/22 Follow-u	r) 2/2023 p Releas	138 138 e Date 01/2023
Owner's Add	lress			_	Routine Follow-up	_	of Violation	
		<u> 10</u>	, JASPER, IN, 47546		Complaint	_		
Person in Character P					Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$
Responsible I		E-mai	il	╚	Temporary	Menu Tyj	pe <i>(See addi</i> i	ional page)
					НАССР			
Certified Foo Zach Pe			2023	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>1405</u>	
• CRITICAL I	TEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATION	(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	rrected By
347	NC		Observed paper towel dispenser not work	ing	properly at hand	sink by	11/2	22/2023
			dish machine, preventing employees from	m p	roperly washing	hands.		
409	NC	R	Observed missing ceiling tile above s	sma	all fryers on coo	k line.	Coi	rected
Received by (name and	title p			ymberlee	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 McD(_D	S #575810 (Ferdinand)	Telephone Number (812-998-2023)	Date of Ins (mm/dd/yr) 05/26		139
			mber and street, city, state, zip code) PARK ROAD, FERDINAND, IN, 47532	⁽ 270-566-1749	05/20	2023	
Owner SUSA	N & F	RIC	K MANN	Purpose: Routine	Follow-up No		se Date 05/2023
	Fox H	loll	ow Ct, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C LOGA	N			Pre-Operational Temporary	c <u>0</u>		
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For Logan			4/19/2024	Other (list)	102	<u>3</u>	04050
• 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
			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		^^	khouso	Telephone Number () Establishment	Date of Ins (mm/dd/yr		ID#
)			khouse mber and street, city, state, zip code)) Establishment	05/12	/2023	498
25 Ind	iana (St,	Jasper, IN, 47546	⁽ 812-309-0235			
Owner				Purpose:	Follow-uj		
Tracey		e		✓ Routine	05/	22/2023	
Owner's Ad 3510		Λ/Τ	TON ST, Jasper, IN, 47546	Follow-up	Summary	of Violation	
Person in C		· · ·	<u> </u>	Complaint	()		$\frac{2}{R}$
Trace		е		Pre-Operational	C	NC	- R_
Responsible			il	Temporary	Menu Tyr	oe (See addit	tional page)
				НАССР		~ ~	
Certified Fo			2/11/2024	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	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
351	NC		Observed trashcan in women's rest	troom to not have a	a lid.	11/1	13/2023
409	NC		Observed broken/missing ceiling tile in k	kitchen above dishwa	ashing	11/1	13/2023
			and ice machine	es.			
Received by	(name and	title j	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

Establishment Name OHANA HAWAIIAN GRILL Establishment Address (number and street, city, state, zip code)					12-482-1788 312-482-1788 312-219-0108	Date of Ins (mm/dd/yr 05/17)	152
	<u> IEWI</u>	O	N STREET, JASPER, IN, 47546				T	
Owner OUN (НС				rpose: Routine	Follow-uj		e Date 27/2023
Owner's Ac			4 IACDED IN 47540		Follow-up	Summary	of Violatior	is:
Person in C		าร	t, JASPER, IN, 47546		Complaint	3		$\frac{2}{R}$
OUN (Pre-Operational	c	NC_	- R
Responsible	e Person's	E-mai	il	┡	Temporary HACCP	Menu Typ	e (See addii	ional page)
Certified Fo				┢	Other (list)	100	\bigcirc	\bigcirc
			exp. 1/19/2027	_		12	<u> </u>	<u> 4030</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					rrected By
173	С	R	Observed raw meat (chicken, fish) being		<u>-</u>	to eat	Coi	rected
			foods in reach in cooler b					
346	NC		Observed no hand soap at hand washin	g s	station for employ	ees to	11/1	7/2023
			properly wash ha					
347	NC		Observed no paper towels at hand was	nin	g station for emp	loyees	11/1	7/2023
			to dry hands.					
177	С	R	Observed foods being stored in the walk-	-in	cooler and on foo	d prep	Coı	rected
			table without lic	ds.				
345	С	R	Observed hand sink in kitchen to have a	bro	ken pipe leaving	facility	05/2	29/2023
			without a proper hand w	asł	ning sink.			
			Will follow-up with facility regarding	j ha	and sink in 2 we	eks		
Received by	(name and	title p			ymberlee	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:	c: 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 (mm/dd/yr)	ction	ID#
-			N & SUITES	812-367-1122	05/26/2	023	164
			mber and street, city, state, zip code) [REET, FERDINAND, IN, 47532]	(812-661-9658)	03/20/2	.023	
Owner	IVIAIIN	<u>J</u>	INCLI, I LINDINAIND, III, 47332			Releas	a Data
PRAV	EZ S	ΗA	RMA	Purpose: Routine	Follow-up NO		05/2023
Owner's Ac				Follow-up	Summary of	Violation	15:
3289	ST CH	<u> A</u>	RLES ST, JASPER, IN, 47546	Complaint	4		
Person in C		HA	.RMA	Pre-Operational	C	NC_	<u></u>
Responsible				Temporary	Menu Type	See addii	tional page)
				НАССР		\ <u>\</u>	
Certified Fo			In 4 /00 /0000	Other (list)	1 2	<u>)</u> 3 <u> </u>	<u>)4050</u>
Claude	ec Go	gei	Jr 1/20/2026				
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIC	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	orrected By
177	С	R	Observed boxes of waffle mix beir	ng stored on the flo	oor.	06/0)5/2023
Received by	(name and	title j	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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

Establishm SANI		C/	ATERING	Telephone Number (812-634-1018)	Date of Ins (mm/dd/yr)	то# 169
Establishm	ent Addres S. CL	ss (nu AY	mber and street, city, state, zip code) 'ST., JASPER, IN, 47546	⁽ 812-309-3269	05/22	/2023	
Owner ALEX			, ,	Purpose:	Follow-uj		e Date 01/2023
Owner's Ac		ΑY	' ST., JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in C	Charge		, ,	Pre-Operational	c_0	NC_($\frac{1}{R}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Mary S			2/21/2024	Other (list)	1 2	<u></u>	<u>0</u> 4 <u>0</u> 5 <u>0</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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at tin	ne of inspection.			
7				Y 11 (13)			
Received by	y (name and	title	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		=1	BANK CATERING		ephone Number 12-634-2584	Date of Ins (mm/dd/yr		173
			mber and street, city, state, zip code)	7		05/22	/2023	173
			NUE, JASPER, IN, 47546	8'	12-630-1355			
Owner		11 14	OF D		pose:	Follow-up		e Date
GAIL		IIV	GER	+	Routine	No		01/2023
		۷. ،	JASPER, IN, 47546		Follow-up	Summary	of Violation	
Person in C	harge			=	Complaint Pre-Operational	c_0	NC_) , ()
Logan				=	Temporary	C		
Responsible	e Person's	E-mai	il	=	HACCP	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle	r			Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			o. 04/03/2023			1	<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKI	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	f inspection.			
Received by	(name and	title p		Inspected by (name and title printed): Kymberlee				
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

SCH1		EL	BANK RESTAURANT	Telephone Number 812-482-2640	Date of Ins (mm/dd/yr		1D# 174
			mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-631-1801	03/22	./2023	
Owner ALAN	HAN	SE	LMAN	Purpose: Routine	Follow-uj		e Date 01/2023
	. Who	ode	erville Rd., JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C Barb L		eh	usen	Pre-Operational Temporary	C	NC_	_ R
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addii	tional page)
Certified For Barb L			ısen exp. 04/03/2023	Other (list)	102	<u>3</u>	04050
• 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
295	NC	R	Observed buildup of dust/dirt/debris on ceili	ing tiles, chains and c	abinets	11/2	22/2023
			on cookline by fry	yers.			
438	С	R	Observed chemical spray bottles on cl	eaning cart in kitch	en not	06/0	1/2023
			properly labele				
			1 1 2 7				
Received by	(name and	title 1		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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Establishme SNAF				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
		- (mber and street, city, state, zip code)	812-848-7627	05/12/	2023	177
1115	MAIN	ST	TREET, JASPER, IN, 47546	⁽ 812-639-3022			
Owner KIM N	IITCH	IEL	L (WTFDS LLC)	Purpose: Routine	Follow-up NO		e Date 22/2023
Owner's Ac		_	MODED IN 47540	Follow-up	Summary o	of Violation	ns:
		Ξ, 、	JASPER, IN, 47546	Complaint	\cap	() (
Person in C		IEL	L (WTFDS LLC)	Pre-Operational Temporary	c_O	NC_	R O
Responsible	e Person's	E-mai	il	НАССР	Menu Type	: (See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0)3(•	\bigcirc
			EXP 10/4/2027		1 <u>0</u> 2		<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 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	<i>'</i>	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
.,	. 5			, , ,			
cc:			ce:		cc:		



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	VAY		0492 (Ferdinand)	Telephone Number (812-367-0808)	Date of Ins (mm/dd/yr)	j	184
			mber and street, city, state, zip code) ARK SUITE A, FERDINAND, IN, 47532	⁽ 270-826-3183	05/20	72023	
		ОХ	EL/JEFF TROXEL	Purpose: Routine	Follow-up		ne Date 05/2023
	OX 72	24,	HENDERSON, KY, 42419-0724	Follow-up Complaint	Summary	of Violation	
	\JAS		N TROXEL	Pre-Operational Temporary	<u>c_U</u>	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fe			06/2023	Other (list)	1 2	<u>3</u>	<u>)4U5U</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
433	NC		Observed mop not being	hung to dry.		11/2	27/2023
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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Establishm	ont Nama			Telephone Number	Date of Ins	naction	ID#
TACC) BE		#28879 (Jasper)	812-634-9536	(mm/dd/yr		194
Establishm 3592	ent Addres	os (nu	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(503-722-2825	03/20	72023	
Owner BELL	INDIA	١N	A, LLC	Purpose:	Follow-uj		ne Date 05/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
		: BL	VD. STE 250, INDEPENDENCE, OH, 44131	Complaint	\cap	NC_	1
Person in C Audra		me	1	Pre-Operational	$_{\rm C}$	NC	R
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\bigcirc 6	
Certified Fo			ATLER 6-22-2027	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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
433	NC	R	Observed mops not being	g hung to dry.		Co	rrected
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

Establishme			"" 1000 (F 11 1)	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			#31692 (Ferdinand)	812-367-0817	05/26/	2023	195
			mber and street, city, state, zip code) [REET, FERDINAND, IN, 47532]	(503-722-2825	03/20/	2023	
Owner BELL	INDIA	١N	A, LLC	Purpose:	Follow-up NO		se Date 05/2023
Owner's Ad	ddress			Follow-up	Summary of	of Violation	ns:
		BL	VD. STE 250, INDEPENDENCE, OH, 44131	Complaint			
Person in Charge Randy Still				Pre-Operational Temporary	_c_ U _	NC_	I R I
Responsible Person's E-mail				HACCP	Menu Type	: (See addi	tional page)
Certified Food Handler Randy Still exp. 1/3/2025					1 2	<u>3</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"			
• 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
295	NC	R	Observed buildup of dust/dirt/food debris in	n drink station drain in			27/2023
			room and on walls and racks the				
			Toom and on want and racke a	noughout Monoria			
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 TAQU		— А I	EL LLANO		lephone Number 812-556-0030	Date of Ins (mm/dd/yr		10# 196
			mber and street, city, state, zip code) STREET#B, JASPER, IN, 47546		312-351-4571	05/19	/2023	
		Α (GONZALEZ		rpose: Routine	Follow-uj No		e Date 29/2023
Owner's Address 1229 W 6th St, JASPER, IN, 47546					Follow-up Complaint		of Violation	_
Person in Charge FRANCISCA GONZALEZ					Pre-Operational	c	NC_	$\frac{2}{R}$
Responsible Person's E-mail					Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Food Handler Francisca Gonzalez exp 11/9/2027					Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDF	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					orrected By
173	С	R	Observed raw chicken being stored a					29/2023
177	С	R	Observed food being stored in bags una		proved for food s	torage	05/2	29/2023
			in deep freeze					
257	NC		Observed no thermometer in freezer a	bserved no thermometer in freezer and food prep table cooler				20/2023
			preventing from tracking proper h	old	ling temperature	es.		
218	NC		Observed door gasket needing replace	d o	n double door re	ach in	11/2	20/2023
			cooler by cooking	are	ea.			
Received by	(name and	title p		•	ymberlee	inted):		
Received by	(signature)	1:		Insp	ected 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	NDA ent Addres	s (nu	RESTAURANT mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	Telephone Number (812-634-7861 (812-309-0053)	Date of Ins (mm/dd/yr 05/19	6) 1/2023	10# 199
Owner ADRIA	N M	R/	AANDA / Juan A. Miranda	Purpose: Routine	Follow-up No		e Date 29/2023
Owner's Ac		STR	EET, APT 16, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C JUAN	harge			Pre-Operational	c_ 5	NC	$\frac{1}{2}$ R $\frac{5}{2}$
Responsible				Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo			elgado exp 1/23/2025	Other (list)	102	<u></u>	04050
• 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				rrected By
177	С	R	Observed foods being stored in bags unap		age in	05/2	29/2023
			freezers and prep table b	•			
173	С	R	Observed raw meat being stored above i	ready to eat foods in	single	05/2	29/2023
			door cooler by coo	k line.			
204	С	R	Observed employee phone and food	on prep table in ki	tchen.	05/2	29/2023
144	С	R	Observed severely dented cans of	on the shelf for reta	ail.	Corrected	
192	С	R	Observed expired food (sausage, produ			Coi	rected
	_		1 (3 /1	,			
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

Establishme			4.4.000	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			11099	812-482-3111	05/26/	2023	210
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(562-425-1402	00/20/	2020	
Owner WKS I	FROS	TS	Y CORPORATION	Purpose: Routine	Follow-up NO		se Date 05/2023
Owner's Ac			E 41/E 07E 000 01/DDE00 04 00000	Follow-up	Summary o	f Violation	ns:
		KA I	E AVE STE 200, CYPRESS, CA, 90630	Complaint	1		1 1
Person in Charge John Swick				Pre-Operational Temporary	C	NC_	I R_I
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handl	or		Other (list)	10,0),(•),(),()
			/2/2024		1 22	<u></u>	<u>/4030</u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	ı		
• VIOLATIO	ON(S) REPE	ATEI	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
177	С	R	Observed box of frozen rolls and cups and I	lids being stored on th	e floor.	06/0	05/2023
257	NC		Observed no temperature measuring device	ce in reach in cooler	holding	11/2	27/2023
			sliced cheese).			
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

Establishme YAMA	_			Telephone Number (812-556-0500	Date of Insp (mm/dd/yr)		ID# 215
Establishm	ent Addres		mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(30) Wild 5340	05/17/	/2023	
Owner DAVII				Purpose:	Follow-up		e Date 27/2023
Owner's Ac 3015		ГО	N ST, JASPER, IN, 47546	Follow-up Complaint		of Violation	_
Person in C		NG		Pre-Operational	c	NC_	2 _R 4
Responsible	e Person's	E-ma	il	Temporary HACCP			ional page)
Certified Food Handler Aixin Fan exp. 8/12/2026					1 2	<u>3</u>	<u>_4</u> _5
• 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			
Section#	C/NC	R	Narrative	1 P 12 . 1			rrected By
216	NC	R	Observed cardboard lining the shelves o		ry tooa	11/1	7/2023
224	NC	Ъ	storage area.		ادماممه	11/1	7/2022
234	NC	R	Observed scoops without handles in chop		ie door	1 1/ 1	7/2023
173	С	R	reach in cooler on pr	•	2 0 dy 4 0	Car	
173	C	K	Observed raw meat (chicken, fish, beef) be eat foods in double door reach in			COI	rected
177	С	R	Observed foods being stored without lids			Col	rected
177		1	in cooler on food pre		100011	001	TOOLCG
			iii eeelei eii ieea pi	opo.			
Received by	(name and	title j		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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							_
Establishmo JASPER		CIP	AL SWIMMING POOL (CONCESSIONS)	Telephone Number (812-482-1789)	Date of Ins (mm/dd/yr)	i	1D# 239
			mber and street, city, state, zip code) YST, JASPER, IN, 47546	812-482-5959	05/22	2023	
Owner CITY (Purpose:	Follow-up		ne Date 01/2023
Owner's Ac 1301 S		HA	RLES ST, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C		NC)LF	Pre-Operational	c O	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible	e Person's	E-ma	11	Temporary HACCP	Menu Typ	e (See addii	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"			
			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
			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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Establishm GULF		\S ⁻	T CONNECTION/ABSeafood	Telephone Number (251-442-4899)	Date of Ins (mm/dd/yr	o)	1D# 338
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) RRY STREET, ELIZABETHTOWN, KY, 42701	⁽ 251-442-4899	05/11	/2023	
Owner				Purpose:	Follow-u		
JOHN		LIE	IR	✓ Routine	No	U5/	21/2023
Owner's Ac		S	Γ., HUNTINGBURG, IN, 47542	Follow-up Complaint	_ `	of Violation	_
Person in C JOHN	harge			Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$
Responsible				Temporary	Manu Tva	o (Saa addi	tional page)
Kesponsion	e i cison s	E-ma	11	НАССР	wichu i y	c (see aaan	ionai page)
Certified Fo			EDY 2024	Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
30311	IN IXLI	VIV	LD1 2024				
• 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
146	NC	R	Crab cake containers did not have a lab	oel with the ingredie	nts or	11/1	10/2023
			a common nan				
257	NC	R	All coolers holding product that is not frozen		rature	11/1	10/2023
201	110	. `	measuring devices i	•	rataro	,	0,2020
			measuring devices i	II UICIII			
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		ы	IB	Telephone Number	Date of Insp (mm/dd/yr)		ID#
PUB				812-559-0643	05/12/	2023	369
			mber and street, city, state, zip code) N ST., JASPER, IN, 47546	⁽ 812 ⁻ 631-0188			
Owner JARE	D WE	IS	HEIT	Purpose:	Follow-up No		se Date 22/2023
Owner's Ac				Follow-up	Summary of	of Violation	ns:
		W٦	FON ST, JASPER, IN, 47546	Complaint	$\mathbf{\hat{\Gamma}}$		
Person in C		RI	CE	Pre-Operational	c_ U _	NC_	I R U
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	e (See addi	tional page)
					\bigcirc),(•	
Certified Food Handler TREY MULLIS 2/11/2024 Other (list) 10/2						<u>3</u>	<u>/4</u> <u>/ 5</u> <u>/ </u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATIC	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
256	NC		Observed missing thermometers in outs	ide cooler and doubl	e door	11/	13/2023
			cooler by outside door off food	prep line in kitchen			
				· · ·			
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

	KIN' ent Addres NEWT	10	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	Purpose:	Date of Ins (mm/dd/yr 05/25 Follow-uj NO	72023 Releas 06/	04/2023
4672 F Person in C SAGA	PICAD	SA		Follow-up Complaint Pre-Operational Temporary	c_0	of Violation	_ R_O_
Responsible Certified Fo	ood Handle	er	" RGEON 12/31/2025	HACCP Other (list)	1 2	3	ional page)
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MOREOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	NC		A couple of containers in the walk in fri	dge had no lids or o	covers	11/2	24/2023
				<u> </u>			
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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CHICK-FIL-A FOOD TRUCK LOUISVILLE Establishment Address (number and street, city, state, zip code) 7405 NEW LAGRANGE RD, LOUISVILLE, KY, 40222 Owner BRUCE SMITH Owner's Address 13901 RIVER GLEN LN, PROSPECT, KY, 40059 Ferson in Charge BRUCE SMITH Responsible Person's E-mail Certified Food Handler DALLAS MOSS EXP 09-08-2026 • CRITICAL TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "Sections" No Violations observed at time of inspection To Be Corrected By No Violations observed at time of inspection	Establishme		^	FOOD TRUCK LOUISVIII LE	Telephone Nu		Date of Inspe (mm/dd/yr)	ection	ID#
Establishment Address (number and street, city, state, zip code) 7405 NEW LAGRANGE RD, LOUISVILLE, KY, 40222 Owner BRUCE SMITH Owner's Address 13901 RIVER GLEN LN, PROSPECT, KY, 40059 Person in Charge BRUCE SMITH Person in Charge BRUCE SMITH Responsible Person's E-mail Certified Food Handler DALLAS MOSS EXP 09-08-2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "Section# C/NC R Narrative To Be Corrected By					502-90	7-3335		2023	419
BRUCE SMITH Owner's Address 13901 RIVER GLEN LN, PROSPECT, KY, 40059 Person in Charge BRUCE SMITH Responsible Person's E-mail Certified Food Handler DALLAS MOSS EXP 09-08-2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "Section# C/NC R Narrative To Be Corrected By					502-90	7-3335			
13901 RIVER GLEN LN, PROSPECT, KY, 40059 Complaint Person in Charge BRUCE SMITH Responsible Person's E-mail Certified Food Handler DALLAS MOSS EXP 09-08-2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS " Section# C/NC R Narrative To Be Corrected By		E SM	1 1 T	Н					
Person in Charge BRUCE SMITH Responsible Person's E-mail C				U EN LN BROOFFOT 107 40050	Follow-up		Summary o	Violation	is:
Responsible Person's E-mail Certified Food Handler DALLAS MOSS EXP 09-08-2026 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS " Section# C/NC R Narrative To Be Corrected By			₹ G	SLEN LN, PROSPECT, KY, 40059	Complaint		\cap	(\cap
Certified Food Handler DALLAS MOSS EXP 09-08-2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS " Section# C/NC R Narrative To Be Corrected By			11T	Н	=		C	NC_	, R_O
Certified Food Handler DALLAS MOSS EXP 09-08-2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS " Section# C/NC R Narrative To Be Corrected By	Responsible	e Person's	E-mai	il			Menu Type	(See addii	ional page)
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS " Section# C/NC R Narrative To Be Corrected By	Cortified Fo	ood Handle	or		Other (list)		10,0),(•),(),()
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS " Section# C/NC R Narrative To Be Corrected By				S EXP 09-08-2026			1 22	<u></u>	4030
Section# C/NC R Narrative To Be Corrected By	• 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	MARY OF VIOL	LATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
No Violations observed at time of inspection	Section#	C/NC	R	Narrative			-	Го Ве Со	rrected By
				No Violations observed at tin	ne of inspe	ection			
Received by (name and title printed): Inspected by (name and title printed):	Received by	(name and	title p						
Christina Pierini					Christii	na Pie	erini		
Received by (signature): Inspected by (signature):	Received by	(signature)):		Inspected by (sig	gnature):			
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

Establishm				Telephone Number	Date of Insp		ID#
ZAXE	3Y'S			(812-559-0949	(mm/dd/yr) 05/26/		426
			mber and street, city, state, zip code) EIM ROAD, JASPER, IN, 47546	(502-648-0099	03/20/	2023	
Owner				Purpose:	Follow-up	_	se Date
Geral	d Ayre	es		✓ Routine	No	06/	05/2023
Owner's Ac			5 6	Follow-up	Summary	of Violation	ns:
		ım	Dr Ste. 101, Louisville, KY, 40243	Complaint	1	() ()
Person in C				Pre-Operational	\mathbf{c}^{-1}	NC_	J _R U
Pat W	ingtie	ld		Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
					\cap		
Certified For Ashlyn			ns exp. 6/2/2027	Other (list)	1 2	<u>3</u>	<u> 405</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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
295	С		Observed buildup of dust/dirt/food debris	on clean hotel nans (05/2023
200				on olean noter pane (orr alorr	00/0	00/2020
			drying rack.				
-							
Received by	(name and	title	printed):	Inspected by (name and title p	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

Establishme			1 40 400 4	Tel	ID#				
			al #24064	8)	12-380-7170	(mm/dd/yr	/2023	462	
			nber and street, city, state, zip code) Rd 162, Huntingburg, IN, 47542	⁽ 6	15-855-4000	00/2	72020		
Owner Dollar	Gene	era	Store #24064		rpose: Routine	Follow-uj		se Date 03/2023	
Owner's Ad					Follow-up	Summary	of Violation	ns:	
		je A	ttn: Tax Licensing, Goodlettsville, TN, 37072		Complaint	\cap	() (
Person in C Kris				=	Pre-Operational Temporary	c_ U	NC_	P R O	
Responsible	e Person's	E-mai		H	НАССР	Menu Typ	e (See addi	tional page)	
Certified Fo	3 77 31			\vdash	Other (list)	100		\bigcap_{i}	
Exemp		er				12	<u> </u>	<u>/4_05_</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 time	ne c	of inspection.				
Received by	(name and	title r	printed).	Insn	ected by (name and title pr	inted):			
Received by	(manne and	ano p		Christina Pierini					
Received by	(signature)):		Inspe	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	ent Name			Telephone Number	Date of Insp		ID#
CAFE	E PIN	Α		(812-639-6174	(mm/dd/yr) 05/24/		474
			mber and street, city, state, zip code) E LANDING SUITE M, JASPER, IN, 47546	⁽ 812-639-6174	05/24/	2023	
Owner CLAU	DIA J	UA	AREZ	Purpose:	Follow-up No		e Date 03/2023
Owner's Ac		WC	OOD LANE, JASPER, IN, 47546	Follow-up Complaint	Summary		
Person in C		UA	AREZ	Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	e (See addi	tional page)
Certified F			257.0.40.0004	Other (list)	$1 \bigcirc 2$	<u></u>	0_4 0_5
CLAUI	DIA JU	JAI	REZ 3-12-2024				
• 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 "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 time	ne of inspection.			
Received by	(name and	title 1	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

Starb		C	offee #69077	Telephone Number (812-556-3608	Date of Ins (mm/dd/yr	.)	ID# 481
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	206-318-1575		/2023	401
4276 I	<u> Nev</u>	vto	n St, Jasper, IN, 47546	200-318-13/3			
Owner Starbu	ıcks (Cof	fee	Purpose:	Follow-uj		e Date 29/2023
Owner's Ac	ldress			Follow-up	Summary	of Violation	ns.
PO Bo	ox 344	142	2-TAX2, Seattle, WA, 98124	Complaint	4		
Person in C				Pre-Operational	C	NC_	$R = \frac{1}{2}$
Responsible	Person's	E-mai	il	Temporary	Menu Typ	e (See addii	tional page)
				НАССР		\circ	
Certified Fo		er		Other (list)	1 <u>0</u> 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	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
177	С		Observed boxes being stored or	the floor in kitche	n.	05/2	29/2023
433	NC		Observed mops not being h	hung up to dry.		11/2	20/2023
				<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:		



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

Establishmo 1907 I Owner SCOT Owner's Ac	ER'S N. NE T LAS ddress N. NE	s (nu W	DF JASPER mber and street, city, state, zip code) TON ST, JASPER, IN, 47546 OWSKI TON ST, JASPER, IN, 47546	Telephone Number (812-219-4938) (812-219-4938) Purpose: Routine Follow-up Complaint	Date of Insperimental Market Summary of Summ	2023 Releas 06/			
SCOT	T LA		OWSKI	Temporary					
Responsible	e Person's	E-ma	ıl	НАССР	Menu Type				
Certified Fo			RK EXP. 8/06/2024	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>(•</u>	<u>14050</u>		
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	-				
Section#	C/NC	R	Narrative		1	To Be Co	orrected By		
			No violations observed at tin	ne of inspection.					
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

Establishme				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Owsle	ey's L	_0\	ınge	⁽ 812-559-0367	05/05/	2022	497
			mber and street, city, state, zip code)	(31 7 -716-8042	05/05/	2023	
225 R	iver C	en	ter Landing, Jasper, IN, 47546	317-710-0042			
Owner	D.	I	1.0	Purpose:	Follow-up		se Date
Owsle		ar L	LLC	Routine	No	05/	15/2023
Owner's Ac		'an	ter Landing, Jasper, IN, 47546	Follow-up	Summary o	f Violation	is:
Person in C		,CII	ter Landing, Jasper, IIV, 47 340	Complaint	\mathbf{O}	$_{\rm NC}$) ()
Shawr		th		Pre-Operational	C	NC_	7 R O
Responsible			il	Temporary	Menu Type	(See addi	tional page)
•				НАССР			
Certified Fo				Other (list)	$1\bigcirc 2$	<u>3(</u>	<u>)4U5U</u>
Shawn	Smit	h 2	028				
• 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 tin	ne of inspection			
				•			
						_	
Received by	(name and	title r	orinted):	Inspected by (name and title pr	rinted):		
received by	(manne and	ւսս լ		Christina Pie			
Received by	(signature	١-		Inspected by (signature):	<i>7</i> 1 11 11		
received by	(Signature)	,.		imported by (signature).			
cc:			cc:	1	cc:		
JU.							



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#
Odd F				812-630-4719	05/01/2	2023	508
			mber and street, city, state, zip code) t Suite 0, Jasper, IN, 47546	⁽ 812-630-4719	03/01/2	2023	
Owner	<u> </u>			Purpose:	Follow-up		e Date
Ryan				Routine	No	05/	11/2023
Owner's Ad			Ct looper INL 47540	Follow-up	Summary of	f Violation	ns:
		וו(St, Jasper, IN, 47546	Complaint	\cap	()
Person in C Austin		abe	er	Pre-Operational Temporary	c_ O	NC_	
Responsible	Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
				Other (list)	-	$)_3$	\bigcirc
Certified For Savan			/20/2028		12_	<u>3</u> C	<u> </u>
• CRITICAL	ITEMS AR	E IDE	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		7	To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
			OK to operate	e			
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

Establishmo		OKE	EHOUSE AND SOUTHERN KITCHEN	Telephone Number () Establishment	Date of Inspec (mm/dd/yr)		тр# 513
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) Jasper, IN, 47546	(812-630-5638	05/01/2	023	010
Owner Tim Fl		,	, ,	Purpose:	Follow-up NO	Releas 05/	e Date 11/2023
	S Sair	nt A	nthony, Huntingburg, IN, 47542	Follow-up Complaint	Summary of		` ^
Person in C	ick			Pre-Operational Temporary		NC_	
Responsible			il	HACCP	Menu Type (. ~	
Certified For Anthor		er		Other (list)	1 2	<u>)</u> 3 <u>©</u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE NAD	DATIVE	DELOWAS "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN Narrative	MIMARY OF VIOLATIONS AN			rrected By
Section	C/IC	IX	No violations observed at tim	ne of inspection	1	о вс со	Trected by
			The violations absolved at till	о от тороспот.			
			OK to operate	e			
Received by	(name and	title r	printed):	Inspected by (name and title pr	inted):		
Received by	(name and			Kymberlee	inicaj.		
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#
Parlo	r Dou	ugh	nnuts	812-848-2244	(mm/dd/yr) 05/17/2	0033	516
			mber and street, city, state, zip code) T, Jasper, IN, 47546	⁽ 812-499-1582	05/11/2	2023	
Owner)			Purpose:	Follow-up		e Date
Kent E		ng		Routine	No		27/2023
Owner's Ac 8841 (n C	ircle, Newburgh, IN, 47630	Follow-up Complaint	Summary of		
Person in C				✓ Pre-Operational	$_{\mathrm{C}}$	NC_	\mathcal{L}_{R}
John 7		F		Temporary			
Responsible	e Person's	rmai	ш	НАССР	Menu Type	(see aaan	tonai page)
Certified Fo				Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>@</u>	$0_4 \bigcirc 5 \bigcirc$
		•	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADVED 6C"			
		D IN THE NAI	DD ATIME	DELOW AS "D"			
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MINIARY OF VIOLATIONS" AN			orrected By
Section#	CINC	IX	No violations observed at tin	ne of inspection		о ве сс	Trected by
			140 Violations observed at tim	ile of inspection.			
			**OK to operate				
			ON to operate	J.			
Received by	(name and	title p	orinted):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
			<u>.</u>				
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 320 E Owner Rober Owner's Ac	efs arent Address 7th S t Lam ddress V 100 harge	s (number) O E	a Truck The struck of the struct of the str	(8) Pu	lephone Number 12-639-2124 12-354-4076 rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	P Release 05/	20/2023 ns:
• CRITICAL	ITEMS AR							
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				To Be Co	rrected By
			No violations observed at tin	ne d	of inspection.			
Received by	(name and	title p			ected by (name and title pr	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

415 M Owner Franci Owner's Ac	ent Address SCO Colores Starge SCO Colores	eet Suz Stre	mber and street, city, state, zip code) t, Jasper, IN, 47546 zman eet, Huntingburg, IN, 47542 zman	(8) Pur Pur	ephone Number 12-803-0889 12-803-0889 pose: Routine Collow-up Complaint Pre-Operational Cemporary HACCP	Follow-u No Summary) /2023 p Releas	<u>0</u> <u>R</u> <u>0</u>
Certified For		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	MARKI	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMAI	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative		f. to a man of the		To Be Co	orrected By
	<u> </u>		No violations observed at time	ne o	t inspection.			
Received by	(name and	title p		_	rected by (name and title promberlee	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	ent Name			Telephone Number Date of Inspection ID #				
Rosie	's Ta	ve	ern	812-326-2201	(mm/dd/yr	,	8	
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(0.4.)Owner 4 0.400	06/09	/2023		
4469 S	OHIC	S ⁻	TREET, ST. ANTHONY, IN, 47575	⁶ 812-631-9480				
Owner		٠.		Purpose:	Follow-uj			
		Sh	ane Haas	✓ Routine	No	06/	19/2023	
Owner's Ad		_	1 12540	Follow-up	Summary	of Violation	ns:	
		า S	trasse, Jasper, IN, 47546	Complaint	1	() ()	
Person in C		Ch	ana Haaa	Pre-Operational	_C _1	NC_(J _R U	
			ane Haas	Temporary) (T	(C 11:	. 7	
Responsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See addii	tional page)	
Certified Fo	ood Handle	or		Other (list)	102	\bigcirc_{2}),(),()	
			/03/2026		1 2	<u></u>	<u> </u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ADKED "C"				
					D IN THE N	ADD ATIME	DELOW AS 4D*	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative				orrected By	
173	С		Observed raw meat (tenderloins) being sto		at food	06/1	19/2023	
			(to-go salads) in refrigerator	r in the kitchen.				
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 BAKF		CC	DRNER	Telephone Number (812-678-2225)	Date of Insp (mm/dd/yr)		10 #
Establishme	ent Addres	ss (nui	mber and street, city, state, zip code)	812-678-4074	06/21/	2023	10
	E 21	C 7	6, FRENCH LICK, IN, 47432				
Owner JOHN	AND	S	ANDRA BAKER	Purpose: Routine	Follow-up No		ne Date 01/2023
Owner's Ac		2 5	6, FRENCH LICK, IN, 47432	Follow-up	Summary o	of Violation	15:
Person in C		`	0, 1 1(E14011 E101(, III, +1 +02	Complaint	0	,,,() [
		SA	ANDRA BAKER	Pre-Operational Temporary	<u>C</u>	NC_	R
Responsible	e Person's	E-mai	il	НАССР	Menu Type	e (See addii	tional page)
Certified Fo			ER 12/5/2027	Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
				LIDVIED (CH			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN		D INTERIE NA	DD ATIME	DELOW AC "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MIMARY OF VIOLATIONS" AND			orrected By
Section#	C/IVC	K	No violations observed at tin	ne of inspection		TO BC CC	Trected By
			Tro violatione about ou at till	no or mopodition.			
Received by	(name and	l title p	printed):	Inspected by (name and title pr Kymberlee	inted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm BARN		RD	BAR-B-Q CATERING LLC.	Telephone Number (812-634-2638)	Date of Insp (mm/dd/yr)		ID# 11
			mber and street, city, state, zip code) I, JASPER, IN, 47546	⁽ 812-634-2638	06/30/	2023	
Owner			LORETTA HOFFMAN	Purpose:	Follow-up		se Date 10/2023
	W 450) N	I, JASPER, IN, 47546	Follow-up Complaint	Summary o		
	NYAI		LORETTA HOFFMAN	Pre-Operational Temporary	c_ U	NC_	
Responsible			il	HACCP Other (list)	Menu Type	e (See addi	tional page)
Certified For Loretta			n exp 11/20/2023		12_	<u> </u>	<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 NA	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	orinted):	Inspected by (name and title pr	rinted):		
Received by	(manne and		,	Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme BIG L		#2	 254		ephone Number 12-482-2150	Date of Inc (mm/dd/yr	.)	1D#
			mber and street, city, state, zip code) Y 231, JASPER, IN, 47546		14-278-3627	06/06	5/2023	
		ST	ORES, LLC		pose: Routine	Follow-u No		te Date 16/2023
Owner's Ad		n G	randville Rd., WESTERVILLE, OH, 43081		Follow-up	Summary	of Violation	is:
Person in C		11 0	Tandville Itd., WESTERVILLE, OH, 45001	╬	Complaint	~ ()	() _ ()
		ST	ORES, LLC		Pre-Operational	<u>c</u>	NC_	<u>R</u>
Responsible	Person's	E-mai	il	=	Temporary HACCP	Menu Tyj	e (See addii	tional page)
Certified Fo	- 1 17 11			\vdash	Other (list)	10,),()
EXEM		;г				1	<u> </u>	<u>′4030</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ИARKI	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMAF	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 tir	me c	of inspection			
Received by	(name and	title p			cted by (name and title pr			
Received by	(signature)):		Inspe	cted by (signature):			
				<u> </u>				
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		= NI	PIZZA / CHESTER CHICKEN	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-481-2766	06/30/	2023	18
1281	3RD A	3 (III	ENUE, JASPER, IN, 47546	⁽ 812-309-2097			
Owner	DT I/	'N III	CLIT	Purpose:	Follow-up		e Date
ROBE		IVI	GHI	Routine	No		10/2023
Owner's Ac 13465		₹ 6	2, GENTRYVILLE, IN, 47537	Follow-up Complaint	Summary o		
Person in C		NII	CUT	Pre-Operational	$_{\rm C}$	NC_1	$ _{R} U$
Responsible				Temporary	Manu Tyn	(Saa addi)	tional page)
Kesponsible	e reison s	L-IIIA	11	НАССР	wienu Type	See aaan	ionai page)
Certified Fo			Ir ovn 6 20 2022	Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
			Jr exp. 6-28-2023				
• CRITICAL	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			
Section#	C/NC	R	Narrative				orrected By
138	NC		Observed employee not using a prope		revent	01/0)1/2024
			possible contamin	ation.			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
	ĺ						
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

75 INDUS Owner YAN H Owner's Ac 449 PF Person in C Hui Li Responsible	A GA ent Addres STRIAL HONG ddress RANCE Charge	PAF	mber and street, city, state, zip code) RK ROAD, SUITE B, FERDINAND, IN, 47532 HANG (LYNN) DR. N, SANTA CLAUS, IN, 47549	Telephone Number (812-367-8200 (718-909-3092 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-up NO Summary C	5/2023 Releas	08/2023 1 R 4	
Yan H			ng exp. 2/25/2021		1	<u></u>	<u>74030</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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
216	NC	R	Observed cardboard lining the shelves	in upright refrigerat	or and	12/2	28/2023	
			freezer.					
346	NC	R	Observed no hand soap at handwashing	sink preventing emp	loyees	12/2	28/2023	
			from properly washing	g hands.				
347	NC		Observed no paper towels at hand washing	g sink preventing emp	loyees	Corrected		
			from properly drying	hands.				
199	NC	R	Observed frozen raw chicken being that	wed at room tempe	rature.	e. Corrected		
173	С	R	Observed raw chicken being stored	above ready to eat	food	Cor	rrected	
			(cauliflower) in walk-ir	n cooler.				
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#	
GI #8		,		812-482-4331	06/06/	2023	33	
620 W	/ 6TH	s (nui S	mber and street, city, state, zip code) FREET, JASPER, IN, 47546	⁽ 813 ⁻ 740-0422				
Owner GIAN	T IND	1AI	NA LLC	Purpose:	Follow-up NO		ne Date 16/2023	
Owner's Ac				Follow-up	Summary o	f Violation	ns:	
1806 l	N FRA	<u> </u>	KLIN ST, TAMPA, FL, 33602	Complaint	o Î	_		
Person in C	_			Pre-Operational	$_{\rm C}$ ${f U}$	NC_(\mathcal{I}_{R} U_{R}	
kaylee				Temporary				
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)	
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ (\bullet	$_{4}\bigcirc_{5}\bigcirc$	
brittan	y boge	er 4	I-15-2024				<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 "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 tir	ne of inspection				
Received by	(name and	title p	printed):	Inspected by (name and title printed): Christina Pierini				
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

	TON		Γ. SUNOCO #55	Telephone Number (812-634-1121	Date of Inspection (mm/dd/yr)		ID# 35
			nber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 513 ⁻³⁶⁷ -9900	0 0,,		
Owner HAWKS	TONE	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Purpose: Routine	Follow-up NO	Releas 07/	e Date 02/2023
	dry fo	rk ı	d, harrison, oh, 45030	Follow-up Complaint	Summary of	Violation	ns:
	TONE		SOCIATES INC/DBA TRIUMP ENERGY	Pre-Operational Temporary	<u>c_U</u>	NC_	P R U
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addii	rional page)
Certified For MADIS			'ER 7/15/2025	Other (list) 	1 <u>0</u> 2 <u></u>	<u>)</u> 3 <u> </u>	<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 NAF	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				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 CIRC		— 3"	MART #32 (Huntingburg)	Telephone Number (812-683-5003	Date of Ins (mm/dd/yr	.)	1D# 43
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(0.4.)Owner_ 0.40=	00/02	2/2023	
Owner C & S		ı		Purpose: Routine	Follow-uj		te Date // 12/2023
Owner's Ad		<u> </u>	TELL CITY, IN, 47586	Follow-up	Summary	of Violation	is:
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	$_{\rm NC}$ ($) _{\scriptscriptstyle \rm R} 0 $
Brent				Temporary		. 1,0	
Responsible	Person's	E-mai	il	НАССР	Menu Ty	se (See addi	tional page)
Certified Fo			-19-2027	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 r	printed):	Inspected by (name and title p	rinted):		
	`	1		Kymberlee 1	,		
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 (12.1	4 3 Y			The North	D / CI		TD #
Establishm CITG		OF	RTHSIDE	Telephone Number (812-482-6363)	Date of Ins (mm/dd/yr 06/22)	1D# 45
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.4 dOwner 4 acco	00/22	/2023	
Owner JAYM	E RA	SC	:HE	Purpose:	Follow-uj		se Date 02/2023
Owner's Ac		ot (Ct., HUNTINGBURG, IN, 475442	Follow-up		of Violation	_
Person in C	harge		Diana Kleeman	Pre-Operational	c_1	NC_(<u> </u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			exp 1/19/2027	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
345	С	R	Observed employee using hand wash	ing sink in the food	l prep	07/0	03/2023
			area for other purposes than	n hand washing	-		
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 CVS F		M	ACY #6881 (HUNTINGBURG)		ephone Number 12-683-3309	Date of Ins (mm/dd/yr)	1D# 51
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542		01 ⁻ 770-5324	06/02	/2023	
		JPE	ERX, LLC.	_	pose: Routine	Follow-u No		ne Date 12/2023
Owner's Ad			All CODE #44CO MOONGOCKET DI 0000E		Follow-up	Summary	of Violation	18:
Person in C		., IVI <i>F</i>	AIL CODE #1160, WOONSOCKET, RI, 02895	╚	Complaint	\cap	() ()
		CA	ASTELLO		Pre-Operational	c_ O	NC_	- R -
Responsible					Temporary	Menu Tyj	e (See addi	tional page)
				H	HACCP Other (list)		\odot_3	
Certified For Exemp		er				1 <u></u> 2	<u>3_</u>	<u>/4050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKI	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
			No Violations observed at tin	me d	of inspection			
Received by	(name and	title p			exted by (name and title pr			
Received by	(signature)):		Inspe	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			ENERAL STORE #4509	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-329-2650	06/22/2	2023	58
			HEIM RD., JASPER, IN, 47546	615-855-4000			
Owner	FNC	∩R	RP, LLC.	Purpose:	Follow-up		e Date 02/2023
Owner's Ac		<u> </u>	i, LLO.	 			
		RI	OGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint	Summary of		
Person in C				Pre-Operational	\cup \cup	NC_	$\bigcup_{\mathbf{R}} \bigcup_{\mathbf{R}}$
rebeco	ca bro	wr	า		<u> </u>	NC	
Responsible	e Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified For		er		Other (list)	1 <u>0</u> 2 <u>0</u>	<u>J</u> 3 <u></u>	<u>14050</u>
-		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		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 pr			
				Christina Pie	<u>erini</u>		
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	pection	ID#
DOLL	_AR ⁻	ΓR	EE #01349	812-482-4497	(mm/dd/yr		60
			mber and street, city, state, zip code)	⁽ 757-321-5000	06/22	/2023	
	EWTO	N S	TREET, UNIT 101, JASPER, IN, 47546				
Owner DOLL	AR T	RE	E STORES, INC.	Purpose:	Follow-up No		se Date /02/2023
Owner's Ac		- A F	NAME OF THE PARTY	Follow-up	Summary	of Violation	ns:
		² AF	RKWAY, CHESAPEAKE, VA, 23320	Complaint	1	(1
Person in C				Pre-Operational	c_1	NC_	<u> </u>
Responsible		E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
		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
192	С	R	Deli meat in glass door fridg	es was expired		Co	rrected
Received by	(name and	l title p		Inspected by (name and title pr Christina Pie			
Received by	(signature):		Inspected by (signature):	711111		
	(= <i>G</i>	, .		1			
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		ΙĘ	EN GRILL & CHILL		lephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	1 .	12-683-5083	06/02	/2023	63
			ST, HUNTINGBURG, IN, 47542	8	12-827-5027			
Owner JESS	ICA S	SCI	HMETT		rpose: Routine	Follow-up		e Date 12/2023
Owner's Ac					Follow-up		of Violation	
814 RI	IDGEV	۷A)	Y DR., HUNTINGBURG, IN, 47542		Complaint	4		
Person in C		SCI	HMETT		Pre-Operational	c	NC_1	R
Responsible	e Person's	E-ma	il	=	Temporary	Menu Typ	e (See addit	tional page)
				\vdash	НАССР			
Jessica Schmett exp. 9/16/2026					Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4</u> <u>5</u> <u>5</u>
• 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 "SUR	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
399	NC	R	Observed missing floor tiles by drive-thru	wir	ndow exposing in	side of	12/0)4/2023
			wall and causing moisture to	ор	ool on floor.			
296	С		Observed buildup of food/debris on cooler	doo	r handles, blizzard	mix-in	06/1	2/2023
			containers/spoons and sa	auc	e pumps.			
Received by	(name and	title p	printed):	Insp	ected by (name and title pr	rinted):		
				Ky	mberlee			
Received by	(signature)):		Insp	ected 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

	NCC		CITO LLC	Telephone Number (812-684-8082	Date of Ins (mm/dd/yr 06/05		ID# 67
			mber and street, city, state, zip code) it, HUNTINGBURG, IN, 47542	⁽ 812-661-2409	00,00	,2020	
Owner TATIA	NA Z	EL	.AYA	Purpose: Routine	Follow-uj		ne Date 15/2023
Owner's Ad		st. I	HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	
Person in C	harge			Complaint Pre-Operational	$_{\rm C}$ 1	NC_	$\frac{2}{R}$
Responsible				Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Fo			o get	Other (list)	102	<u></u>	04050
• 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		C)		orrected By
177	C	_	Observed boxes of fresh produce be				15/2023
217	NC	R	Observed frozen foods being stored in storage.	bags unapproved to	or 100a	12/0)5/2023
146	NC	R	Observed frozen foods in reach in freezer	r not labeled with wh	at is or	12/0	05/2023
140	110	1	where it came from		at 10 01	12/0	10/2020
			Whole R dame in	<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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Establishment Name FAZOLI'S #1675						Telephone Number (812-634-1574 Date of Inspection (mm/dd/yr) 7				
			mber and street, city, state, z		1 .	59-825-6248	06/12	/2023		
Owner		/ \ \	LINOL, OAOI I	LIX, IIX, 77 070	Pu	rpose:	Follow-u	n Releas	e Date	
FAZO		OI	NT VENTURE	, LTD		Routine	No		22/2023	
Owner's Ac		IR <i>C</i>	DRIVE LEXIN	GTON, KY, 40509		Follow-up	Summary	of Violation	is:	
Person in C		יטו	DITIVE, LEXIIN	010N, K1, 40303	느	Complaint	\cap	2	$\frac{2}{R}$	
Dillon		ing	l		=	Pre-Operational	С	NC_	- R	
Responsible	e Person's	E-ma	il			Temporary HACCP	Menu Typ	oe (See addit	ional page)	
Certified F	ood Handle	ar.				Other (list)	102	\bigcirc_3	$)_{4}\bigcirc_{5}\bigcirc$	
			ING EXP. 8/25/	2026			1	<u></u>	<u> 40 30</u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MAR						ED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRA							ARRATIVE	BELOW AS "R"		
Section#	C/NC	R		Narrative				To Be Co	orrected By	
346	NC	R	Observed no hand	soap at handwashing	sin	k in kitchen, prev	enting/	12/1	2/2023	
			employ	ees from properly w	asl	ning hands.				
295	NC	R	Observed excess b	ouildup of food/dust/dire	t/de	bris on walls/floo	rs/food	12/1	2/2023	
			r	acks throughout the	fa	cility.				
Received by	(name and	title p	printed):		-	ected by (name and title pr	rinted):			
Received by (signature):						ected by (signature):				
cc:				cc:			cc:			



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					_		
Establishmo GRO		ΕC)	Telephone Number 812-482-4060	Date of Ins (mm/dd/yr 06/08)	ID# 84
			mber and street, city, state, zip code) /Y 231, JASPER, IN, 47546	⁽ 812 ⁽ 631-0131	00/00	/2023	
		A٨	D CHRISTY GORDON	Purpose:	Follow-up		te Date 18/2023
	900	W,	VELPEN, IN, 47590	Follow-up Complaint	_ `	of Violation	
	HĚN		ID CHRISTY GORDON	Pre-Operational Temporary			0_{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 2	<u>3</u>	<u>)4O5O</u>
• CRITICAL	LITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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	me of inspection			
			certified food manager is expired owr	ner has exam sched	luled		
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 HASEN		'S /	ALL NATURAL PORK AND BEEF	Telephone Number 812-683-4780	Date of Ins (mm/dd/yr	j	ID# 90
Establishm 8564	ent Addres	s (nu	mber and street, city, state, zip code) 7, HUNTINGBURG, IN, 47542	⁽ 812-683-4780	06/19	/2023	
Owner			GIE HASENOUR	Purpose:	Follow-up		se Date 29/2023
Owner's Ac 8564		W	, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	_
Person in C		NG	GIE HASENOUR	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 Fe		er		Other (list)	1 <u>0</u> 2	<u>0</u> 3 <u></u>	<u>)4U5U</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 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:		



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Establishme HEAL		٩R	TERS INC.	Telephone Number (812-482-3411	Date of Ins (mm/dd/yr))	ID# 91
Establishmo 201 M	ent Addres	ss (nu STF	mber and street, city, state, zip code) REET, JASPER, IN, 47546	⁽ 812-639-1844	06/28	/2023	
		J. F	RITCH	Purpose: Routine	Follow-up No		e Date 08/2023
Owner's Ac		au	er Ave, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C	harge		RITCH	Pre-Operational	c_0	NC_1	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addit	tional page)
Certified For Jayme			/12/2024	Other (list)	102	<u>3</u>)4050
• CRITICAL	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				orrected By
295	NC	R	Observed buildup of dirt/food debris on o		cooler	12/2	28/2023
			on food prep lin	ie.			
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
20:					20:		
cc:			cc:		cc:		



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Establishme		F	OODS #5		lephone Number	Date of Ins (mm/dd/yr		ID# 95
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	7	12-482-4464	06/30	/2023	95
847 3F	RD. A	VE	ENUE, JASPER, IN, 47546		12-937-4428			
Owner JOSH	ΙΙΔ \Λ	/INI	KI FR		rpose: Routine	Follow-uj		Date 10/2023
Owner's Ad	ldress				Koutine Follow-up		of Violation	
		calf	f, Dale, IN, 47523		Complaint	-		
Person in C Mark F		⊋ r			Pre-Operational	$_{\rm C}$	NC_	$\frac{2}{R}$
Responsible			il	=	Temporary	Menu Typ	oe (See addit	ional page)
				\vdash	HACCP Other (list)			
Certified For Mark	exp. 7/21/2025		1 2		<u> 405</u>			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE S							ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					rrected By
295	NC	R	Observed buildup of dust/dirt/food debris	on	bakery racks and	d small	01/0	1/2024
			single door deli coo					
399	NC		Observed broken/missing floor tile in from	nt o	f donut fryer and	glazer	01/0	1/2024
			in bakery area allowing possi	ble	water to pool.			
Received by	(name and	title p			ected by (name and title pr	rinted):		
				<u>Ky</u>	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		_ ^	D D1774 1 1 C	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			D PIZZA LLC	812-367-1808	06/28/		97
1510 N			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532				
Owner RICHA	٩RD١	ΝE	ELP	Purpose: Routine	Follow-up No		se Date 08/2023
Owner's Ad			EDDINAND IN 47500	Follow-up	Summary of	of Violation	ns:
), t	FERDINAND, IN, 47532	Complaint	\cap	NC_	1 1
Person in C		ΝE	ELP	Pre-Operational Temporary	C	NC	R
Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addi	tional page)
Certified Fo	and Handle) P		Other (list)	1()2(),(•),()_5()
			exp. 9/11/23		1 2 2	<u></u>	<u>/4030</u>
		•	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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
426	NC	R	Observed several personal items not beir	ng used for the facility	/ being	12/2	28/2023
			stored in the back stor	age room			
Received by	(name and	title		Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishme HOM		1W	N IGA #450 (Jasper)	Telephone Number (812-482-3166)	Date of Ins (mm/dd/yr		ID# 98
750 S	ent Addres ECON	ss (nu VD	mber and street, city, state, zip code) STREET, JASPER, IN, 47546	⁽ 812-482-1366	00/12	72023	
Owner HOUC	HEN	S 1	NORTH FOODS LLC	Purpose: Routine	Follow-uj No		e Date 22/2023
	ARTL	ΕY	STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in Co		3		Pre-Operational	C	NC_	J _R U
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			9/16/2025	Other (list)	102	<u>3</u>)4050
• CRITICAL	ITEMS 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 boxes of to-go containers and I	black styrofoam trays	s being	06/2	22/2023
			stored on the floor in dry storage	e room by produce) <u>.</u>		
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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Establishm HOM		1\/\	N IGA #460	Telephone Number (812-683-4658) Date of Inspection (mm/dd/yr) 1D#				
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	812-482-1366	06/02	/2023	99	
	12TH S	STF	REET, HUNTINGBURG, IN, 47542					
		1 2	NORTH FOODS LLC	Purpose: Routine	Follow-uj No		e Date 12/2023	
Owner's A		⊏∨	STREET, JASPER, IN, 47546	Follow-up	Summary	of Violatior	is:	
Person in C		<u> </u>	511(EE1, 5A5) EIX, III, 47540	Complaint	_a 2	NC_() , 2	
JAME		LL	INS	Pre-Operational Temporary	C	NC_	R	
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e (See addii	ional page)	
Certified Fo	ood Handle	r		Other (list)	102	\bigcirc_3),(),()	
			RWOOD 10/24/2023		1 2	<u></u>	4030	
• 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 "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 flo	oor in bakery and pr	oduce	06/1	2/2023	
			areas (cakes boxes and	fresh fruit).				
192	С	R	Observed expired cheese on t	he shelf for retail.		Co	rected	
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):			
	,	- 1	*	Kymberlee	<i>,</i> -			
Received by	(signature)	:		Inspected by (signature):				
cc:			сс:		cc:			



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J. R.		λR	(TAYLOR MICHAELS INC)	Telephone Number (812-482-9694)	Date of Ins (mm/dd/yr 06/30	j	110#
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812 ⁻⁶³ 9-3488	00/30	72023	
Owner MICH	AEL E	3E(CK	Purpose: Routine	Follow-up No		te Date 110/2023
	JACK	SC	ON ST. , JASPER, IN, 47546	Follow-up Complaint		of Violation	_
Person in C	AĔL E			Pre-Operational Temporary			<u> </u>
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>)4050
• CRITICAL	L ITEMS AF	RE 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				orrected By
130	NC	R	Facility has no designate	d hand sink		12/2	29/2023
			**Manager states that the bars 3 compartr	ment sink was approv	ed as		
			a hand washing s	sink**			
Received by	(name and	title p		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

Establishmo 951 Co Owner CITY (ER C ent Addres OLLE OF JA	GE		Telephone Number (812-482-3070 (812-482-3070 Purpose: Routine Follow-up	Date of Inspe (mm/dd/yr) 06/12/2 Follow-up NO Summary of	2023 Releas 06/	22/2023
O I U IVI Person in C		ι, υ	IASPER, IN, 47546	Complaint	. 0	$_{\rm NC}$	0 ,
Kyle R				Pre-Operational Temporary	<u> </u>		
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addii	ional page)
Certified Fo				Other (list)	$1 \bigcirc 2$	$\underline{\mathbb{Q}}_3$	0_4 0_5
Emily I	Peak (exp	o. 1/31/2025				
• 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" AN			
Section#	C/NC	R	Narrative No violations observed at tim	ne of inspection		o Be Co	rrected By
			140 Violations observed at till	ie or inspection.			
Received by	(name and	title p		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

	ER F		OWERS & GIFTS	Telephone Number (812-634-2700	Date of Inspection (mm/dd/yr)		1D# 113
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812 ⁻ 309-1404	00/00/2	2023	
Owner LISA L		N ⁻	Γ	Purpose: Routine	Follow-up No		e Date 16/2023
Owner's Ac 3865 \		s c	, JASPER, IN, 47546	Follow-up Complaint	Summary of	_	
Person in C		N-	Γ	Pre-Operational	c_ U	NC_	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addii	tional page)
Certified Fo			3/12/2025	Other (list)	102	<u>)</u> 3 <u>C</u>	04050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	No Violations observed at tip	no of increation		To Be Co	orrected By
			No Violations observed at tin	ne or inspection			
Received by	(name and	title 1	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

Establishment Name KALB'S CROSSROADS SERVICE Establishment Address (number and street, city, state, zip code) 5130 E HWY 56, DUBOIS, IN, 47527 Owner MORRIS AND GERALD KALB Owner's Address 5130 E HWY 56, DUBOIS, IN, 47527 Person in Charge GERALD AND MORRIS KALB					Telephone Number (812-678-5358 (812-678-5358) Purpose: Routine Follow-up Complaint	Date of Insperimental Market 1997 (mm/dd/yr) 06/21/2 Follow-up NO Summary of 1	2023 Releas 07/	01/2023
Responsible	e Person's	E-ma er		Pre-Operational Temporary HACCP Other (list)	Menu Type 1 22			
• CRITICAL • VIOLATIO	. ITEMS AR DN(S) REPE	E IDE	ENTIFIED IN THE CHECKLIST	Γ AND NARRATIVE COLUMNS M ONS ARE DENOTED IN THE "SU				
Section#	C/NC	R	B _	Narrative				rrected By
192	С		Observed expire	d milk and lunchable	es on the shelf for	retail.	07/0)3/2023
Received by			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

Establishme		· D	ECTALIDANT & DAD	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			ESTAURANT & BAR	812-634-1323	06/12/2	2023	120
			mber and street, city, state, zip code) ROAD 164, CELESTINE, IN, 47521	⁽ 812-630-2831			
Owner JEFF	KELL	ΕY	′	Purpose: Routine	Follow-up		e Date 22/2023
Owner's Ac	ldress			Follow-up	Summary of	Violation	ıs.
1077 N	STAT	ΈF	ROAD 545, CELESTINE, IN, 47521	Complaint		_	
Person in C		ΕY	,	Pre-Operational	c_ U	NC	$\frac{1}{R}$
Responsible	Person's	E-ma	il	Temporary	Menu Type	(See addii	tional page)
				HACCP	\sim \sim		\sim
Certified For Daniel			XP 3/14/2028	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 NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	rrected By
			No violations observed at tim	ne of inspection.			
D : 1:	, .				: 1)		
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

Establishm		10		Telephone Number Date of Inspection (mm/dd/yr)				
KLUE				1	12-482-2898	06/22/	2023	121
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 8 ²	12-630-1355			
Owner GAIL	HETT	ΊΝ	GER		pose: Coutine	Follow-up No	Releas 07/	e Date 02/2023
Owner's Ac			14.0DED 111.475.40		ollow-up	Summary o	f Violation	is:
		N.,	JASPER, IN, 47546		Complaint	\cap	1	\cap
Person in C Jamie		/B	eth Harold	=	re-Operational Temporary	c_ U	NC_	R O
Responsible	e Person's	E-ma	il	=	етрогагу IACCP	Menu Type	(See addii	ional page)
Certified Fo	4 17 41-			=	Other (list)	100),(•)	\bigcirc
			o 4/3/2023			1	<u></u>	<u> 4030</u>
• CRITICAL	L ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKE	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMAR	Y OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
345	NC		Hand sink by walk in fridge di	id n	ot have soap		12/2	22/2023
			Food manager certificate is expired talk	ed to	o Jamie about te	sting		
D : 11			· D	·	. 11 (131	1		
Received by	(name and	atte j	/		cted by (name and title pr	/		
Received by	(signature)	:			cted by (signature):			
cc:			cc:			cc:		



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Establishme LOS E		/0	S MEXICAN RESTAURANT	Telephone Number 812-482-7564	Date of Ins (mm/dd/yr	.)	ID# 129
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.)Owner	06/05	5/2023	
Owner maria				Purpose: Routine	Follow-uj No		e Date 15/2023
Owner's Ad 5977 N		۱A۱	H DR., NEWBURGH, IN, 47630	Follow-up Complaint		of Violation	_
Person in C Martin	harge			Pre-Operational	c_2	NC_1	$\frac{1}{R}$
Responsible				Temporary HACCP	Мепи Тур	oe (See addit	ional page)
Certified Food Handler FREDE CRUZ 5/20/24				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"			
• 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
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	06/1	6/2023
295	С	R	Observed buildup of dust/dirt/debris of	on fans in walk-in c	ooler.	06/1	6/2023
351	NC	R	Observed women's restrooms to not he	ave covered recept	tacles.	12/0)5/2023
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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Establishme	HOL ent Addres	s (nu	E OF JASPER, INC. mber and street, city, state, zip code)	(812-482-4345	Date of Ins (mm/dd/yr 06/30		10# 144
1340 ľ	MILL	ST	REET, JASPER, IN, 47546	⁶ 812-309-6003			
		NE	KIMBERLY AULL	Purpose: Routine	Follow-uj		e Date 10/2023
	N. SH	HL(OH LANE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation) (
	AM A		KIMBERLY AULL	Pre-Operational Temporary	C	NC_	<u> </u>
Responsible	Person's	E-ma	il	НАССР	Menu Typ	oe (See addit	ional page)
Certified For Has 3			o get	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
118	С		Observed facility to not have a certified for	od manager on staff.	Facility	10/0)2/2023
			has three months to obtain	n certification.			
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 NICH		7O	N VALLEY STORE	Telephone Number (812-678-3333	Date of Inspe (mm/dd/yr)		149
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) TATE RD. 56, DUBOIS, IN, 47527	812-653-5053	06/21/2	2023	0
Owner	LAGI	<u> </u>	ATE ND. 30, DODOIS, IN, 47327	Purpose:	Follow-up	Releas	e Date
TONY		L(ORRIE SMOCK	Routine	No		01/2023
Owner's Ac		R	D 56, DUBOIS, IN, 47527	Follow-up	Summary o	f Violation	is:
Person in C			00, 000010, 114, 47 027	Complaint	_a 0	$_{\rm NC}$	0 ,
		L	ORRIE SMOCK	Pre-Operational Temporary	<u> </u>	NC	R
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	1()2($)_3$	$)_4\bigcirc_5\bigcirc$
			mock 7/19/2024		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 "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 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		\sim	DL CAFÉ	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
				812-683-4392	06/15/	2023	153
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-630-8618			
Owner ROBE	RT A	NE	SANDRA AHLEMEIER	Purpose: Routine	Follow-up		e Date 25/2023
Owner's Ac				Follow-up	Summary of	of Violation	ns:
7262	S 75 \	Ν,	FERDINAND, IN, 47532	Complaint			
Person in C Sandy		me	eier	Pre-Operational	C	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified For Sandra			eier exp. 5/12/2026	Other (list)	1 <u>0</u> 2	<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 "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 tin	ne of inspection			
					+		
Received by	(name and	title r	wrinted).	Inspected by (name and title p	rinted):		
received by	(manne and	սու		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
·	ĺ			-			
cc:			cc:		cc:		



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Establishm	ent Name			Telephone Number	Date of Ins		ID#
PIZZA	A HU	T #	#316854 (HUNTINGBURG)	(812-683-0130	(mm/dd/yr	•	160
Establishmo	ent Addres MAIN	s (nui ST	mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(10wner.	06/15	/2023	
Owner PIZZA	HUT	0	F AMERICA, LLC.	Purpose:	Follow-uj		se Date 25/2023
Owner's Ac 3301		BEF	R RD, LOUSIVILLE, KY,	Follow-up Complaint	Summary	of Violation	
Person in C		FO	RTES	Pre-Operational Temporary	$_{\rm C}$	NC_	$R = \frac{1}{R}$
Responsible	e Person's	E-mai	i	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo				Other (list)	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 "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		Cardboard was used to line the shelf	f storing the icing a	it the	12/	15/2023
			finishing statio	on			
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

Establishmo RALL'		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	06/19	/2023	
Owner		•		Purpose:	Follow-up	Releas	se Date
shawr	n cam	alig	g	Routine	No	06/	29/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
		entr	re landing , jasper, in, 47546	Complaint	<u>ှ</u>	4	1 2
Person in C		_ I! .		Pre-Operational	_C O	NC_	
shawr				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle	or		Other (list)	102	\bigcirc_{2}),(),()
			11-9-2027		1 2	<u></u>	<u>/4030</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			To Be Co	orrected By
177	С	R	Observed boxes being stored on the floo	or in walk-in freezer,	cooler	06/2	29/2023
			and on floor in dry s	torage.			
295	С	R	Observed buildup of dust/dirt/debris unde	er rack of bag in box	station	06/2	29/2023
			and throughout fa	icility.			
342	NC		Observed water temperature of handwash	ning sink to only be re	aching	12/1	19/2023
			77 degrees Fahrenheit and must reac	h at least 100 degr	ees F.		
345	С	R	Observed water pipes connected to hand	dwashing sink to be	eaking	06/2	29/2023
			and in need of re	pair.			
Received by	(name and	title p	printed):	Inspected by (name and title p	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				Telephone Number	Date of Ins (mm/dd/yr)		ID#
RULE				812-481-0030	06/22		168
			mber and street, city, state, zip code)	615-232-9812	00/22/	2023	
	3011	1 5	TREET, JASPER, IN, 47546		T. II	l n ı	D.
Owner KROG	SER L	.IM	ITED PARTNERSHIP I	Purpose: Routine	Follow-up No		se Date 02/2023
Owner's Ad		_ A	02 NACHVILLE TN 27220	Follow-up	Summary	of Violation	1S:
)5T	03, NASHVILLE, TN, 37230	Complaint	1	() ()
	OR SO		EPERS	Pre-Operational Temporary	C	NC_	, R_O
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	1 77 11			Other (list)	100) ,(\bigcap_{i}
			10-30-2024		1 2		<u>/4050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
177	С		Observed product being stored on the	floor (produce & ma	aseca)		rrected
			, ,	VI	,		
Received by	(name and	title	printed):	Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		INIE	NAMA DUTCUED & DDO CUDDLY	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			DIANA BUTCHER & BBQ SUPPLY	812-998-2277	06/23/	2023	178
131 E.			nber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	⁽ 812-631-1242			
Owner ANDY	BER	G		Purpose: Routine	Follow-up NO	Release 07/	e Date 03/2023
Owner's Ac				Follow-up	Summary o	f Violation	is:
		<u>ah</u>	Hill Rd, Ferdinand, IN, 47532	Complaint	\cap	() (
	Berg		/lark Pund	Pre-Operational Temporary	c_ U	NC_(P R U
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0),(•),(),()
			XP. 7/19/2027		1 2	<u></u>	4030
• CRITICAL	LITEMS 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	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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					1		
ST BI)IC	CT'S BREW WORKS	Telephone Number (812-998-2337)	Date of Ins (mm/dd/yr 06/28)	10# 182
Establishm 860 E	ent Addres 10TH	ss (nu S7	mber and street, city, state, zip code) [REET, FERDINAND, IN, 47532]	(812-719-2301	00/20	/2023	
Owner VINCE	E LUE	ECI	ΚΕ	Purpose: Routine	Follow-up No		se Date 08/2023
	E CF	₹ 1	225 N, EVANSTON, IN, 47531	Follow-up Complaint		of Violation	
Person in C	LUE			Pre-Operational Temporary	c_1_	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			CKE exp 6/15/2026	Other (list)	102	<u>3</u>)4050
• 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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
191	С	R	Observed several products in reach in co	oler and prep table of	coolers	07/	10/2023
			not properly labeled or h	nave dates.			
Received by	(name and	l title j		Inspected by (name and title p	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme SULT		S R	RUN GOLF CLUB LLC	Telephone Number (812-482-1009)	Date of Ins (mm/dd/yr) 06/12		1D# 188
			mber and street, city, state, zip code) IAN ROAD, JASPER, IN, 47546	(0.4.)Owner 0.4000			
Owner CHRIS	S TRE	ĒΤ	ΓER	Purpose: Routine	Follow-up		se Date //22/2023
Owner's Ac		RID	IAN ROAD, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violatio	ns:
Person in C				Pre-Operational	c O	NC_	$\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Phil Ba			/26	Other (list)	$1\bigcirc 2$	<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 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 C	orrected By
			No violations observed at time	ne of inspection.			
-							
Received by	(name and	title 1	arinted):	Inspected by (name and title pr	rinted):		
Received by	(name and	i titie j		Kymberlee	inica).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo SUNS			ГGO	Telephone Number (812-634-6530	Date of Ins (mm/dd/yr	•)	189
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) AVENUE, JASPER, IN, 47546	812-683-4529	06/07	7/2023	
Owner JAYM				Purpose:	Follow-uj		te Date 17/2023
Owner's Ac		ot (Ct., HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	is:
Person in C		 /E		Pre-Operational	C	NC_	$\frac{1}{R}$
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ		tional page)
Certified Fo			MAN 1/19/2027	Other (list)	$1 \bigcirc 2$	<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"			
		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	1 166			orrected By
192	С	R	Observed expired milk on the	e shelf for retail.		06/1	19/2023
				_			
Received by	(nama and	title s	anista A).	Inspected by (name and title pr	rintad):		
Received by	(name and	uue p		Kymberlee	inted):		
Received by	(signature)	11		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme SUPE				Telephone Number (812-481-2008)	Date of Ins (mm/dd/yr))	1D# 190
			mber and street, city, state, zip code) STREET, JASPER, IN, 47546	⁽ 812-630-9936	06/08	/2023	
Owner DAXE		AT	EL	Purpose:	Follow-up No		te Date 18/2023
Owner's Ad		 ک ۵	STREET, JASPER, IN, 47546	Follow-up	Summary	of Violation	
Person in C	harge		711(221, 07(8) 21(, 114, 47648	Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_1	\mathbf{p}
Pritesl				Temporary			
Responsible	Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3 \bigcirc	$O_4 O_5 O_5$
Daxes	h Pate	el e	exp. 7/26/2026				
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "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
418	NC		Employee food is being stored in white s		n retail	12/0	08/2023
		<u> </u>	product without being labeled	"employee food"			
Received by	(name and	title	1	Inspected by (name and title pr Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		Δ∨	PLUS	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	(812-482-5555	06/08/	2023	191
			NG ROAD, JASPER, IN, 47546	⁽ 509-759-5544			
Owner	NIDE		BASRA	Purpose:	Follow-up		e Date
Owner's Ac			DASKA	Routine	No		18/2023
		SIN	NG ROAD, JASPER, IN, 47546	Follow-up Complaint	Summary o	f Violation	ns:
Person in C	harge			Pre-Operational	$\frac{1}{c}$	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$
SONIA				Temporary			
Responsible	e Person's	E-ma	11	НАССР	Menu Type	(See addii	tional page)
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
Gagan	deep	S.	Basra exp. 1/8/2028				
• 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				rrected By
438	С		Spray bottle in kitchen contains a chem	nical with out a nam	e on it	06/1	9/2023
Received by	(name and	title j		Inspected by (name and title pr			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
V.F.W	/. PC	S)	T #2366	812-683-2366	06/15/2	0023	203
			mber and street, city, state, zip code)	(a. d.)Owner	00/13/2	2023	
	EIGE	K S	TREET, HUNTINGBURG, IN, 47542			I	
		UR	RG VETERANS ASSOCIATION	Purpose: Routine	Follow-up		e Date 25/2023
Owner's Ad		_	LUNTINGDUDO IN 47540	Follow-up	Summary of	Violation	is:
		5,	HUNTINGBURG, IN, 47542	Complaint	\cap	() (
Person in Cl Kristy		n		Pre-Operational Temporary	c_ O	NC_	R U
Responsible	Person's	E-mai	il	HACCP	Menu Type	(See addii	tional page)
~				Other (list)	-	$)_3$	\bigcirc
Certified Fo			p. 11/14/2022		12	<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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		1	To 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:		



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Establishme			T #070	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			T #673	812-482-5010	06/22/2	2023	204
			mber and street, city, state, zip code)	⁽ 812 ⁻⁴⁸ 3-9682	00/22/2	2023	
	Newt	on	St., JASPER, IN, 47546			T.,	
Owner MEME	BERS	Ol	F CLUB	Purpose: Routine	Follow-up NO		e Date 02/2023
Owner's Ad			LOTDEET 140DED IN 47540	Follow-up	Summary of	Violation	ns:
		Oľ	N STREET, JASPER, IN, 47546	Complaint	\cap	()
Person in C		,		Pre-Operational	$_{\rm C}$	NC_	$R = \frac{C}{R}$
Responsible				Temporary	Menu Type	(See addi	tional nage)
responsible	er erson s			НАССР	Wiena Type	Section	
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \bullet	$_{4}\bigcirc_{5}\bigcirc$
NANC	Y DRI	ΞW	/ 11/21/2025		_		
• 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	To Be Co	orrected By
			No Violations observed at til	me of inspection			
Received by	(name and	title p	printed):	Inspected by (name and title p			
				Christina Pie	erini		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishment Name WALGREENS #10340		Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Establishment Address (number and street, city, st		812-481-1513	06/22/	2023	206
3606 N. NEWTON STREET,		⁽ 84 7 -315-2297			
Owner WALGREENS COMPANY	′	Purpose: Routine	Follow-up No		e Date 02/2023
Owner's Address		Follow-up	Summary o	f Violation	ns:
P.O. BOX 901, DEERFIEL	_D, IL, 60015	Complaint	$\mathbf{\hat{\Gamma}}$		
Person in Charge Elizabeth A Cowley		Pre-Operational	c_ U	NC_) _R U
Responsible Person's E-mail		Temporary HACCP	Menu Type	(See addii	tional page)
			\bigcirc (
Certified Food Handler Exempt		Other (list) 	1 2	<u>J</u> 3 <u>C</u>	<u> 1405</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHEC	KLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSP	ECTIONS 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 V	olations observed at tin	ne of inspection			
Received by (name and title printed):	Т	Inspected by (name and title pr	rinted):		
control of (mino and and printed).		Christina Pie			
Received by (signature):		Inspected by (signature):			
cc:	cc:		cc:		



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Establishmo		#1	57830	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-683-5905	00/02	2023	208
			FREET, HUNTINGBURG, IN, 47542	(562-425-1402			
Owner WKS	FRC	TZ	Y CORPORATION	Purpose:	Follow-up NO		te Date 12/2023
Owner's Ac		, O I	1 CORT ORATION	Routine			
		RATI	E AVE STE 200, CYPRESS, CA, 90630	Follow-up Complaint	Summary	of Violation	
Person in C		101	<u> </u>	Pre-Operational	c_{0}	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)),(•	$\bigcirc\bigcirc$
Certified Fo			EW 10/10/2024		$1 \bigcirc 2$	<u> </u>	<u> 405</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	ND 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 p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		#8	83680	Telephone Number (812-367-0594	Date of Ins (mm/dd/yr	·)	ID# 209
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(=0)Owner 4400	00/23	3/2023	203
480 S.	MAIN	1 S	TREET, FERDINAND, IN, 47532		<u> </u>		
Owner WKS I	FROS	۲۲	Y CORPORATION	Purpose: Routine	Follow-uj		03/2023
Owner's Ac			F AVE CTE 200 CVPDECC CA 20020	Follow-up	Summary	of Violation	ns:
Person in C		.A 11	E AVE. STE 200, CYPRESS, CA, 90630	Complaint	2	5	$\frac{2}{R}$
Rhond				Pre-Operational	C	NC_	R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	oe (See addit	tional page)
				HACCP Other (list)		\bigcirc_3	
Certified For Erin Al			2/22/2024		1 2	<u>3</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
295	С	R	Observed buildup of dust/dirt/debris on flo	oors, walls, reach in	coolers	07/0	03/2023
			on cookline in need of	cleaning.			
418	NC		Observed employee cell phone, medicine	and personal items of	on food	Cor	rrected
			preparation are	ea.			
177	С	R	Observed box of cups being stored on the f	loor in first drive thru	window	12/2	25/2023
			area.				
399	NC		Observed missing tile in front of fryers and	tiles throughout kitch	en area	12/2	25/2023
			in need of repa	air.			
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
ce:			cc:		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
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) VILLE RD., JASPER, IN, 47546	(0.4)Owner 0.400	06/21	/2023	
Owner			ND LUCINDA GRIMES	Purpose:	Follow-u		se Date 01/2023
Owner's A		<i>/</i> (1	TD EGGII (B) (GIXIIVIEG	Follow-up	_	of Violation	
1839 เ	JS HV	۷Y	231, LOOGOOTEE, IN, 47546	Complaint	Summary		
Person in C BRAN		1A	ND LUCINDA GRIMES	Pre-Operational	c_3	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addi	tional page)
Certified Food Handler LUCINDA GRIMES EXP 8/18/2026 Other (list) 10/2							<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
173	С		Observed raw chicken being stored abo	ve raw fish in doubl	e door	07/0	03/2023
			refrigerator in kito	hen.			
438	С		Observed cleaning spray bottle r		d.	07/0	03/2023
295	С	R	Observed buildup of dust/dirt/food deb			07/0	03/2023
			walls and floors under and		<u> </u>		
298	NC		Observed excessive buildup of food deb	•	owave	12/2	21/2023
			oven and in need of o			· - , -	- 1, 2020
			over and in need of	ordaning.			
D : 11	(1	4141		Y (11 (16)1	· 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

Establishme BUFF		Т	RACE GOLF COURSE	Telephone Number (812-482-4600)	Date of In (mm/dd/yr	.)	ID# 217
			mber and street, city, state, zip code) ON ST, JASPER, IN, 47546	⁽ 812-482-5959	06/06	5/2023	
Owner CITY (\SI	PER	Purpose: Routine	Follow-u No		e Date 16/2023
Owner's Ac 1301 S		НА	RLES ST, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		TG	ES	Pre-Operational Temporary	c O	NC_	L RU
Responsible	e Person's	E-mai	il	НАССР	Menu Ty	oe (See addi	tional page)
Certified Fo		er		Other (list)	1 2	<u>O</u> 3	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
257	NC		Small clear door fridge holding hot c	dogs had no tempa	ture	12/0	06/2023
			measuring devi				
			<u> </u>				
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

Establishm				Te	lephone Number	Date of Ins	spection	ID#
			ISTRIES OF HUNTINGBURG, INC.	(812-683-5490 06/15/2023 2				220
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	(8	12-683-5490	00/10	72023	
Owner CHRIS	TIAN	MIN	ISTRIES OF HUNTINGBURG INC.		rpose: Routine	Follow-u No		se Date 25/2023
Owner's Ac	ddress				Follow-up	Summary	of Violation	ns:
Person in C	Charge				Complaint	<u> </u>	,,,()
TOM I		ΞR			Pre-Operational	C	NC_	R
Responsible	e Person's	E-mai	il		Temporary HACCP	Menu Tyj	oe (See addi	tional page)
C (C I	177 11			-	Other (list)	. ()		\bigcirc
Certified For		er				12	<u> </u>	<u> 405</u>
• CRITICAL	L ITEMS AR	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "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
			No Violations observed at tin	ne	of inspection			
Received by	(name and	title p		-	ected by (name and title pr 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

Establishmo		1110	NTY COMMUNITY FOOD BANK	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID# 222
			mber and street, city, state, zip code)	1012 102 0000	06/12/2	2023	222
			DIAN RD, JASPER, IN, 47546	⁶ 812-482-9009			
Owner AMAN	IDA D	RE	EW, MANAGER	Purpose: Routine	Follow-up NO		se Date 22/2023
Owner's Ac			,	Follow-up	Summary of	Violation	ns:
				Complaint	\cap	() (
Person in C		RE	ΞW	Pre-Operational	c_ U	NC_	J _R U
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
C-46-1F				Other (list)	10.0		\bigcap_{i}
Certified Fo	ou Hanui	er			1 <u>0</u> 2 <u>0</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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	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:		



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

Establishm HUNT		3U	RG ELEMENTARY SCHOOL	Telephone Number (812-683-1172)	Date of Ins (mm/dd/yr	o)	ъ# 233
Establishm	ent Addre	ss (nu	mber and street, city, state, zip code) DRIVE, HUNTINGBURG, IN, 47542	(04) WINTO 4470	06/19	/2023	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj		se Date // 29/2023
Owner's Ac		NS	ET DRIVE, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	_
Person in C	Charge		, ,	Complaint Pre-Operational	$C_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		\bigcirc 6	
Certified For Rita Ho			12/15/2026	Other (list)	12	<u>3</u>	<u>/4</u> 5 <u> </u>
• 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
			No violations observed at tin	ne of inspection.			
			SUMMER MEAL PR	OGRAM			
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

Establishmon SISTI		Ol	SAINT BENEDICT	Telephone Number (812-367-1411	Date of Ins (mm/dd/yr 06/23	j	ID# 246
Establishme 802 E	ent Addres 10TH	ss (nu S	mber and street, city, state, zip code) TREET, FERDINAND, IN, 47546	(10wner	06/23	/2023	
)F	ST. BENEDICT	Purpose: Routine	Follow-up No		e Date 03/2023
Owner's Ac		S	TREET, FERDINAND, IN, 47532	Follow-up Complaint	Summary	of Violatior	_
Person in C		,		Pre-Operational	$_{\rm C}$	NC_	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			0 4/20/2026	Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(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 tim	ne of inspection.			
				<u>-</u>			
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		DR	A Jimmy John's Gourmet Sandwiches	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	(812-706-9613	06/08	/2023	308
			TREET, JASPER, IN, 47546	⁽ 812-706-9613			
Owner 10877	WES	T6	ENGLISH COURT	Purpose: Routine	Follow-uj No		18/2023
Owner's Ad				Follow-up	Summary	of Violatior	18:
		:NG	ELISH COURT, NEWBURGH, IN, 47630	Complaint	\cap	() N
Person in C 10877		T	ENGLISH COURT	Pre-Operational Temporary	c_ U	NC_	<u> </u>
Responsible	Person's	E-mai	il	HACCP	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle	er.		Other (list)	1()2	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			d 6/12/23		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 "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 pr Christina Pie			
Received by	(signature)):		Inspected by (signature):	<i></i>		
	. 5			, , ,			
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		\bigcirc I	JR BAKERY	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-639-8753	06/21	/2023	333
			nber and street, city, state, zip code) E RD S, SCHNELLVILLE, IN, 47580	⁽ 812-639-8753			
Owner JEREI	MY B	ET	Z	Purpose: Routine	Follow-up		se Date 01/2023
Owner's Ac				Follow-up		of Violation	
766 N	BEAV	/EF	R LAKE RD, JASPER, IN, 47546	Complaint	Summary		
Person in C				Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	\mathcal{L}_{R}
Stace		F		Temporary	М Т	- /C 11:	4; I \
Responsible	e Person's	E-mai		НАССР	Menu Typ		tional page)
Certified Fo			Z EXP 7/28/2027	Other (list)	102	<u>3</u>) ₄ <u>0</u> 5 <u>0</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 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 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

Thye		ırk	Cultural Center	Telephone Number (812-482-3070)	Date of Ins (mm/dd/yr	j	то# 340
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code) uite a, jasper, IN, 47546	812-482-3070	06/12	/2023	
Owner			MUNITY ARTS	Purpose:	Follow-up		se Date // 22/2023
Owner's Ac		t, c	JASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C Kyle F		t		Pre-Operational Temporary		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 EMILY			exp. 1/31/2025	Other (list)	1 2	<u>0</u> 3 <u>C</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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
438	С		Observed spray bottle containing clea	ning solution not pr	operly	06/2	22/2023
			labeled.				
Received by	(name and	l 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		∩	TACOS	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			TACOS	812-961-1384	06/24/	2023	354
			mber and street, city, state, zip code) e Ste H, New Albany, IN, 47150	⁽ 812 ⁻ 961-1384			
Owner	1. \ \ / -	- 1- 1-		Purpose:	Follow-up		se Date
Derec		snr	ourn	✓ Routine	No	07/	04/2023
Owner's Ac		Dile	e Ste H, New Albany, IN, 47150	Follow-up	Summary	of Violation	18:
Person in C		IIV	e Ste 11, New Albarry, IN, 47 130	Complaint	1	$_{\rm NC}$) ()
Derec		shb	ourn	Pre-Operational	C	NC_	<u>R</u>
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР	$I \sim I$		
Certified For			0/20/2026	Other (list)	1 2	<u>3</u>	<u>)4</u> 050
• CRITICAL	ITEMS AR	E IDE	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	ND IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
438	С		Observed cleaning spray bo	ttle not labeled.		07/0	04/2023
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		ΔΙ	MOBILE	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-351-4571	06/01/	2023	372
111 W			ST., JASPER, IN, 47546	⁽ 812-351-4571			
Owner		- ·	-ala-	Purpose:	Follow-up		se Date
francis		onz	zaiez	Routine		06/	11/2023
Owner's Ac 1229 \		St	, JASPER, IN, 47546	Follow-up Complaint	Summary	_	
Person in C				Pre-Operational		NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
francis				Temporary			
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	a r		Other (list)	$1_1\bigcirc_2$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			alez 11/9/2027			<u></u>	<u> </u>
• CRITICAL	ITEMS AR	RE IDE	NTIFIED 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	ND 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	printed):	Inspected by (name and title p			
				Christina Pi	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

	I'S M		N SQUEEZE	Telephone Number (812-241-7458	Date of Ins (mm/dd/yr) 06/01		380
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812-993-4100	00/01/	2020	
Owner MADIS	SON	NIE	EDERBERGER	Purpose: Routine	Follow-up		te Date 11/2023
	NEWT	10	N STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	SON		DERBERGER	Pre-Operational Temporary	c_ U	NC_(
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified For Madison			d-Niederberger exp. 2/27/2026		1 22	<u>3</u>	4_5_
• 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.			
			THE THEIGHTON CONTROL OF THE	io or moposition			
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

Establishmo MAD		IIA	N SQUEEZE	Telephone Number (812-241-7458	Date of Insp (mm/dd/yr)		1D# 380
Establishm	ent Addres	s (nui	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	()Owner	06/24/	2023	
Owner	NL VV I	Oi	N STREET, SASPER, IN, 47540	Purpose:	Follow-up	Releas	se Date
		NIE	EDERBERGER	Routine	No		04/2023
Owner's Ac		<u>'</u>	N STREET, JASPER, IN, 47546	Follow-up	Summary o	of Violation	is:
Person in C	harge			Complaint Pre-Operational	0	$_{\rm NC}$ ()
			DERBERGER	Temporary	<u> </u>	NC	N
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	\odot_3 C	$_{4}\bigcirc_{5}\bigcirc$
Madiso	on Spo	onc	I-Niederberger exp. 2/27/2026				
• CRITICAL	ITEMS AR	E IDE	INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative	o of increation		To Be Co	orrected By
			No violations observed at time	ie of inspection.			
Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
Received by	(name and	սսել		Kymberlee	inicu).		
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		1 1/	ALITY PROVISIONS	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID# 382
			mber and street, city, state, zip code)	(502-630-9289)	06/01/2	2023	302
			Dr, NEW ALBANY, IN, 47150	⁽ 502-630-9289			
Owner		חר		Purpose:	Follow-up		e Date
Owner's Ad		KB	EKI	Routine	No		11/2023
		ΟW	Dr, NEW ALBANY, IN, 47150	Follow-up	Summary of	f Violation	ns:
Person in C			21,11217712871111,111,111100	Complaint	$\begin{bmatrix} 0 \end{bmatrix}$		0 ,
MITCH	HEI	RB	ERT	Pre-Operational Temporary	<u> </u>	NC	R
Responsible	Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	od Handle			Other (list)	10,0	$)_3$),()_()
			RBERT 5/4/2024		102	<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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Го Ве Со	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:			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 COM		ΤI	NN JASPER	Telephone Number (812-556-2888	Date of Ins (mm/dd/yr		то# 386
			mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	⁽ 812-556-2888	00/12	72023	
Owner COMF	ORT	IN	N	Purpose: Routine	Follow-uj No		e Date 22/2023
Owner's Ac 1970 H		TΑ	LITY DRIVE, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		orn	ton-Watkins	Pre-Operational	C	NC_1	R = 0
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addit	tional page)
Certified For				Other (list)	$1 \bigcirc 2$	<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	orrected By
354	NC		Observed no paper towels at hand washing	g sink in kitchen, prev	venting	12/1	12/2023
			employees from properly of	drying hands.			
118	С		Observed no certified food manager of	on staff. Facility ha	s until	07/1	10/2023
			July 10, 2023 to obtain certification v	vithout further pen	alties.		
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		CI	MOKEHOLISE	Telephone Number	Date of Ins (mm/dd/yr	Date of Inspection ID #	
			MOKEHOUSE nber and street, city, state, zip code)	812-630-5638	06/01	/2023	387
			HONY RD. W., HUNTINGBURG, IN, 47542	⁽ 812-630-5638			
Owner TIM F	LICK			Purpose:	Follow-uj		e Date 11/2023
Owner's Ac				Follow-up	Summary	of Violation	
		ITN	HONY RD. W., HUNTINGBURG, IN, 47542	Complaint	آ م		
Person in C				Pre-Operational	$_{\rm C}$	NC_	0_{R}
Responsible		E-mai	1	Temporary	Menu Typ	e (See addi	tional page)
				HACCP		\bigcirc G	
Certified Fo			2	Other (list)	1 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 "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 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

	IDS H		SPITALITY OF FERDINAND LLC mber and street, city, state, zip code)	Telephone Number (812-367-0951	00/23)	388
			PARK RD, FERDINAND, IN, 47532	⁽ 812-430-6125)		
		AL	HOTRA	Purpose: Routine	Follow-up No		e Date 03/2023
Owner's Ac 8366 S		ΕC	DRIVE, NEWBURGH, IN, 47630	Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge		HOTRA	Pre-Operational	c_{0}	NC_	$\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			4/08/2025	Other (list)	102	<u>3</u>	<u>4</u> 050
• 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" A	ND 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 Kymberlee	orinted):		
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 E		EMENTARY SCHOOL	Telephone Number () Establishment	Date of Instance (mm/dd/yr)		390
			mber and street, city, state, zip code) RSVILLE RD., JASPER, IN, 47546	⁽ 812-482-1801	00/10/	2020	
Owner GREA	TER J	ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-up No		e Date 29/2023
	T. CH	AR	LES STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C	NGL			Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified For KAREI			RF 2027	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	LITEMS 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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No violations observed at tim	ne of inspection.			,
			SUMMER MEAL PR	OGRAM			
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	ent Name			Telephone Number	Date of Ins	pection	ID#
ACR(OPO		SEXPRESS	(270-860-8214	(mm/dd/yr)		393
			mber and street, city, state, zip code) RIVER RD., EVANSVILLE, IN, 47715	⁽ 270-860-8214	00/01/	2020	
Owner ELLAI	DA H	٩D	JISAVVA	Purpose:	Follow-up NO		e Date 11/2023
Owner's A	ddress			Follow-up	Summary	of Violation	ns:
		IN L	RIVER RD., EVANSVILLE, IN, 47715	Complaint	\cap	(\cap
Person in C		٩D	JISAVVA	Pre-Operational	C	NC_(R C
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	0_4
ELLA	DA HA	DJ	ISAVVA 02/21/2024				
• 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	orrected By
			No Violations observed at tir	ne of inspection			
				'			
Received by	(name and	title :	orinted):	Inspected by (name and title p	inted):		
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

Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
ARNI	E'S (CA	TERING	(812-639-3178	,	000	401
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	() Owner	06/09/2	:023	
4535 S. S	ST. JOSE	PH S	STREET P.O. BOX 44, ST. ANTHONY, IN, 47575				
Owner				Purpose:	Follow-up		e Date
ARNIE	: WE	<u>LP</u>		✓ Routine	No	06/	19/2023
Owner's Ad	ldress			Follow-up	Summary of	Violation	is:
				Complaint	\cap	() (
Person in C				Pre-Operational	$_{\mathrm{C}}$ U	NC_(\mathcal{I}_{R} U_{R}
ARNIE				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	See addii	tional page)
C .c. le	177 11			Other (list)	10.0	$)_3$	\bigcap_{i}
Certified For Arnold			2/2026		1 <u>U</u> 2 <u>U</u>	<u>/3</u>	<u> </u>
	-						
• CRITICAL	LITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMARY OF VIOLATIONS" AN	D IN THE NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	orrected By
			No violations observed at time	ne of inspection.			
Received by	(nama and	titla -	printed):	Inspected by (name and title pr	inted):		
Received by	(name and	uue J	,	Kymberlee	mcu).		
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		1A1	RKET	Telephone Number (812-684-8090	Date of Ins (mm/dd/yr	o)	1D# 415
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) T, HUNTINGBURG, IN, 47542	(a.)Owner a aa	06/15	/2023	410
Owner JOSE				Purpose:	Follow-u		e Date 25/2023
	1st A	ve	, HUNTINGBURG, IN, 47542	Follow-up Complaint	_	of Violation	2 _R 1
Person in C JOSE		RE	S	Pre-Operational	C	NC_	- R_I
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified For Karen			6/14/2026	Other (list)	1 2	<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				orrected By
257	NC	R	Deli case fridge was seen without a temp	perature measuring	device	12/1	15/2023
177	NC		Storage room had food product stored dir	rectly on the floor (m	aseca)	12/1	15/2023
345	С		Both hands sinks for employees	were storing items	s		
			like dishes and slicer parts restricting the er	mployees ability to us	e them	06/2	26/2023
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		_,,	/FD	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
STAY				812-661-9576	06/21/2	023	420
			mber and street, city, state, zip code) RIDGE DR, ST. ANTHONY, IN, 47575	⁽ 812-661-9576	00/21/2	.020	
Owner CRAIC	۱ ۵ ۱	\cap D	01	Purpose:	Follow-up	Releas	e Date 01/2023
Owner's Ad			AI	✓ Routine			
		G R	RIDGE DR, ST. ANTHONY, IN, 47575	Follow-up Complaint	Summary of	_	
Person in C		<u> </u>		Pre-Operational	$_{\rm c}$ U	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
CRAIC				Temporary			
Responsible	Person's	E-mai	il	НАССР	Menu Type	See addit	ional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	$\underline{)}_3\underline{C}$	$0.4 \bigcirc 5 \bigcirc$
EXEM	PT						
• 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
			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 FISC		F	ARMS NATURAL FOODS	Telephone Number 812-481-1411	Date of Ins (mm/dd/yr		ID# 428
			mber and street, city, state, zip code) S ST., ST. ANTHONY, IN, 47575	⁽ 812-481-1411	06/09	/2023	
Owner DIANA	A FIS	СН	ER	Purpose: Routine	Follow-uj		se Date 19/2023
Owner's Ac 4630 S)S	S ST., ST. ANTHONY, IN, 47575	Follow-up Complaint	`	of Violation	
Person in C		СН	ER	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 Fo		er		Other (list)	102	<u>O</u> 3 <u>C</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 "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:			ec:		cc:		



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Establishm PUB		Rl	JB FOOD TRUCK	Telephone Number (812-559-0643)	Date of Ins (mm/dd/yr) 06/24	j	1D# 429
			mber and street, city, state, zip code) NST, JASPER, IN, 47546	⁽ 812-559-0643	06/24	/2023	
Owner JARE	D WE	IS	HEIT	Purpose:	Follow-up		ne Date 04/2023
	ACKS	103	N ST, JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C JARE	D WE			Pre-Operational Temporary			0_{R}
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For JAREI			IEIT 2024	Other (list)	1 2	<u></u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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	l 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				Telephone Number	Date of Inspe	ction	ID#
LEBE	<u> </u>	<u>JT</u>	RITION	812-518-9481	(mm/dd/yr) 06/12/2	2023	431
			mber and street, city, state, zip code) STREET, JASPER, IN, 47546	⁽ 812-630-0369	00/12/2		
JODY	VER	KΑ	MP	Purpose: Routine	Follow-up NO		e Date 22/2023
Owner's Ac 5499 \		k F	Ridge Dr, JASPER, IN, 47546	Follow-up	Summary of		
Person in C			(lage b1, 6/101 L11, 111, 1170-10	Complaint	0	NC_	. 0
KRIS1	ΓIN D	AH	IMER	Pre-Operational Temporary	<u> </u>	NC	R
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addii	tional page)
Certified F	ood Handle	or		Other (list)	10,0	$)_3$),(),()
			n 12-24-2026		102	<u></u>	<u> </u>
• CRITICAL	ITEMS 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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	To Be Co	orrected By
146	NC		Cookie balls in white reach in freezer do n	ot have a ingredients	label	12/1	12/2023
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted):		
	•	,		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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•				1			
Establishm TRA\		۱' '	TOM'S COFFEE TRUCK	Telephone Number () Establishment	Date of Ins (mm/dd/yr	·j	то# 433
			mber and street, city, state, zip code) O., CHANDLER, IN, 47610	() Owner	06/01	/2023	
Owner DERE	K & [DE.	AN TAYLOR	Purpose:	Follow-uj		te Date 11/2023
Owner's A		RI	D., CHANDLER, IN, 47610	Follow-up Complaint	Summary	of Violation	
Person in O		DE.	AN TAYLOR	Pre-Operational Temporary	C	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addi	tional page)
Certified F			R EXP 12/14/2024	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAI	L ITEMS AF	RE ID	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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
D : 11		1		Y (11 (10)	· 1\		
Received by	y (name and	ı tıtle	printea):	Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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SANI SANI		FΑ	MILY MEAT MARKET	Telephone Number (812-326-1001	Date of Ins (mm/dd/yr 06/09	j	1D# 437
			mber and street, city, state, zip code) TREET, SAINT ANTHONY, IN, 47575	⁽ 812-326-1001	00/09	12023	
Owner KENT	SAN	DE	ER .	Purpose: Routine	Follow-up		e Date 19/2023
Owner's Ac 4757		Tra	ail, Huntingburg, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	Charge			Pre-Operational	c_0	NC_	$\frac{\mathbf{U}}{\mathbf{R}}$
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			exp. 03/02/2027	Other (list)	102	\bigcirc_3	04050
			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	rrected By
			No violations observed at tim	ne of inspection.			
				<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		_		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
McAli				(812-817-0687	06/19/	2023	440
			nber and street, city, state, zip code) n St, Jasper, IN, 47546	(971-219-3336		2020	
Owner McAlis	ster's	De	li	Purpose: Routine	Follow-up NO		e Date 29/2023
Owner's Ac			n Ct. Johnson INI 47540	Follow-up	Summary o	f Violatior	ns:
Person in C		νιο	n St, Jasper, IN, 47546	Complaint		() ()
Chris		h		Pre-Operational	C	NC_	R_O
Responsible			il	Temporary	Menu Type	(See addi	tional page)
				НАССР	$I \sim a$	\ G	
Certified For Chris [10/2025	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"			
• 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 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	ds Ho ent Addres 14th	s (nu Sti	oitality of Huntingburg LLC mber and street, city, state, zip code) reet, Huntingburg, IN, 47542 tra	(8 (8 Pui	ephone Number 12-684-9494 12-684-9494 pose:	Date of Int (mm/dd/yr 06/28 Follow-u	5/2023 Releas	451 e Date 08/2023
Owner's Ac	ldress			-	Follow-up	Summary	of Violation	
		<u>ט</u>	r, Newburgh, IN, 47650		Complaint	\cap	1	$_{\rm R}$ 0
Person in C Micha		rae	eson		Pre-Operational	$C_{\underline{\mathbf{C}}}$	NC	R = R
Responsible				\blacksquare	Гетрогагу	Menu Ty	oe (See addit	ional page)
-				=	HACCP			
Certified For Michael			son 8-25-2026		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	MARK	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	rrected By
214	NC		Observed cutting boards on prep lines to	o ha	ve deep scoring	and in	12/2	28/2023
			need of being repl	ace	d.			
			**Manager is working on ordering replace	mer	nt cutting boards.	Stated		
			the cutting boards have been on backorde	er. W	orking to find a s	olution		
			or replacement	t.**	<u> </u>			
Received by	(name and	title 1	printed):	Inspe	ected by (name and title pr	rinted):		
				Κy	mberlee			
Received by	(signature)):			ected by (signature):			
cc:			cc:			cc:		



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				_			
Establishm CALC		Α		Telephone Number (812-319-3246	Date of Ins (mm/dd/yr 06/01	j	1D# 445
			mber and street, city, state, zip code) 50 E, OTWELL, IN, 47564	(812-319-3246	00/01	/2023	
Owner OLIVA	A HOI	NΑ	LD & BRITTANY HARBIN	Purpose:	Follow-up		te Date 11/2023
Owner's Ac 5959		85	50 E, OTWELL, IN, 47564	Follow-up Complaint	Summary	of Violation	
Person in O		NΑ	LD & BRITTANY HARBIN	Pre-Operational	$c_{\rm C}$	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified F			_D 6/11/2026	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</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	ARRATIVE	BELOW AS "R"
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	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		Λ		Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-319-3246	06/24	/2023	445
			60 E, OTWELL, IN, 47564	812-319-3246			
Owner		۸/۸	LD 0 DDITTANY/LIADDINI	Purpose:	Follow-up		se Date
		NΑ	LD & BRITTANY HARBIN	✓ Routine	No	07/	04/2023
Owner's Ac 5959		85	60 E, OTWELL, IN, 47564	Follow-up	Summary	of Violation	
Person in C		-	2, 2, 1, 1, 1, 1, 20, 1	Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	$_{\rm NC}$	0 ,
OLIVA	A HOI	NΑ	LD & BRITTANY HARBIN	Pre-Operational Temporary	<u> </u>	NC	R
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	or		Other (list)	102	\bigcirc_{2}),(),()
			D 6/11/2026		1 <u> </u>	<u></u>	<u> </u>
• CRITICAL	L ITEMS AF	RE 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	l title j	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

Establishme 4610 H Owner Debbie Owner's Ac 4610 H Person in C	lce Cent Address Hacke Hacke Hacke Person's	r C /ar r C /ar /ar	Bloomington The street of the	Telephone Number (317-363-7810 (317-363-7810 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-up No Summary	P Release 06/	11/2023
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	rrected By
			No Violations observed at tir	ne of inspection			
						_	
Received by	(name and	titla r	printed):	Inspected by (name and title pr	rinted):		
Received by	(manne and	auc j		Christina Pie			
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		<u>, , , , , , , , , , , , , , , , , , , </u>		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			Bloomington	(317-363-7810	06/24/	2023	456
			nber and street, city, state, zip code) reek Rd, Martinsville, IN, 46151	(31 7 -363-7810	00/24/	2020	
Owner Debbi	e & V	/ar	ren Stohler	Purpose: Routine	Follow-up NO		e Date 04/2023
Owner's Ac		_	1 D 1 M 2 11 10 10 10 10 10 10 10 10 10 10 10 10	Follow-up	Summary o	f Violation	is:
		r C	reek Rd, Martinsville, IN, 46151	Complaint	\cap	() ()
Person in C Debbi		/ar	ren Stohler	Pre-Operational Temporary	c_ U	NC_(P R U
Responsible	e Person's	E-mai		НАССР	Menu Type	: (See addi	tional page)
C CC IE	177 11			Other (list)	-0.0		\bigcirc
Certified Fo	ood Handie	er			1 <u>02</u> 1	<u> </u>	<u> 405</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	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

Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			's Kotton Kandy	812-489-0620	06/02/2	2023	463
			mber and street, city, state, zip code)	(812-489-0620	00/02/	2023	
	aesar	<u>s (</u>	Ct, Ferdinand, IN, 47532				
Jan M	ehling	9		Purpose:	Follow-up No		e Date 12/2023
Owner's Ad				Follow-up	Summary of	Violation	ns:
		<u>s (</u>	Ct, Ferdinand, IN, 47532	Complaint	$\mathbf{\hat{\Gamma}}$	_	
Person in Co		7		✓ Pre-Operational	c_ U _	NC_) _R U
Responsible	Person's	E-mai	il	Temporary	Menu Type	(See addii	tional page)
				HACCP			\sim
Certified For Exemp		er		Other (list)	1 <u>0</u> 2	<u>J</u> 3 <u>C</u>	<u> 405</u>
• CRITICAL	ITEMS AR	E IDE	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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		ŗ	To Be Co	rrected By
			No violations observed at tin	ne of inspection.			
			OK to operate	e			
			- · · · · · · · · · · · · · · · · · · ·				
Received by	(name and	title r	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				Telephone Number	Date of Insp (mm/dd/yr)		ID#
			ENS JASPER (MOBILE FOOD UNIT)	773-759-9827	06/01/		467
			mber and street, city, state, zip code) UB RD, JASPER, IN, 47546	⁽ 773 ⁻ 759-9827			
Owner BARR		NL	.OP	Purpose: Routine	Follow-up No		ne Date 11/2023
Owner's Ac		\sim 1	LID DD IACDED IN 47546	Follow-up	Summary	of Violation	ns:
Person in C		<u>UL</u>	UB RD, JASPER, IN, 47546	Complaint	\cap	$_{\rm NC}$) ()
BARR		NL	.OP	Pre-Operational	C	NC_	R C
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Typ	(See addi	tional page)
G 10 17				Other (list)	-	\bigcirc_3	\bigcirc
Certified For BARR			OP		1 2	<u>3</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 "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	<i>'</i>	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 EMERA		REE	ENS JASPER (MOBILE FOOD UNIT)	Telephone Number (773-759-9827	Date of Instance (mm/dd/yr)		1D# 467
			mber and street, city, state, zip code) UB RD, JASPER, IN, 47546	773-759-9827	00/24/	2023	
Owner BARR	Y DU	INL	.OP	Purpose:	Follow-up No		ne Date 04/2023
	GUN	CL	UB RD, JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C BARR	YDU			Pre-Operational Temporary	c_ O _		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For BARR			OP	Other (list)	1 <u>0</u> 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		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 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 Ins		ID#
Cater	ing b	y I	Meyer League Stadium	⁽ 812-367-1690	(mm/dd/yr	, ;/2023	477
			mber and street, city, state, zip code)	(812-367-1690	00/10	/2023	
	Old S	tate	e Road 162, Huntingburg, IN, 47542				
Owner Brad E	Brown	1 &	Jared Feltner	Purpose: Routine	Follow-uj No		26/2023
Owner's Ad				Follow-up	Summary	of Violation	15:
		tate	e Road 162, Huntingburg, IN, 47542	Complaint	\mathbf{O}	() (
Person in C Brad E		1 &	Jared Feltner	Pre-Operational	_C	NC_	J _R U
Responsible	Person's	E-mai	il	Temporary	Menu Typ	e (See addi:	tional page)
				HACCP			
Certified Fo			ER exp. 7/18/2022	Other (list)	1 2		<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 "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 p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):	1	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	_		1.	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			V Kones, LLC	812-912-0803	06/14/	2023	478
			nber and street, city, state, zip code) nd Rd NW, Ferdinand, IN, 47532	⁽ 812-912-0803	00/14/	2023	
Owner				Purpose:	Follow-up		e Date
		orc	dan Lundy	✓ Routine	No	06/	24/2023
Owner's Ac		ina	nd Dd NW Fordinand IN 17522	Follow-up	Summary o	f Violation	ns:
		ma	nd Rd NW, Ferdinand, IN, 47532	Complaint	\cap	() ()
Person in C Brittne		ord	dan Lundy	Pre-Operational Temporary	C	NC_	R O
Responsible	Person's	E-mai		HACCP	Menu Type	(See addi	tional page)
				Other (list)	\cap		
Certified Fo			-3-2028		1 2	<u>J</u> 3 <u>C</u>	<u> 405</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 tin	ne of inspection			
Dagging 11	(noma 1	+j+1	arintad):	Inapported by (name == 1 441	rintad):		
Received by	(name and	ине р		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 SIPS		S	NACKS	Telephone Number (812-912-0803)	Date of Insp (mm/dd/yr) 06/01/		ID# 484
			mber and street, city, state, zip code) ND RD NW, FERDINAND, IN, 47532	⁽ 812-912-0803	00/01/	2023	
Owner JORD	AN &	В	RITTNEY LUNDY	Purpose: Routine	Follow-up No		te Date 11/2023
	FERD	INA	ND RD NW, FERDINAND, IN, 47532	Follow-up Complaint	Summary of	_	_
	AN &		RITTNEY LUNDY	Pre-Operational Temporary	c <u>0</u>		
Responsible			il	HACCP Other (list)	Menu Typo	e (See addi	tional page)
Certified Fordan			3-2028		1 2	<u>3</u>	<u> </u>
• CRITICAI	LITEMS AF	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			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No Violations observed at tir	ne of inspection			
Received by	(name and	title 1	orinted):	Inspected by (name and title pr	rinted):		
	,v]		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				Telephone Number	Date of Ins		ID#
JB's E				812-499-2689	06/01		491
			mber and street, city, state, zip code) t Vernon Rd, Mt Vernon, IN, 47620	(04) Owner 0000		72023	
Owner			- · · ·	Purpose:	Follow-up		se Date
		3ril	ey Simpkins	✓ Routine	No	06/	11/2023
Owner's Ac			t Varnan Dd Mt Varnan IN 17620	Follow-up	Summary	of Violation	is:
		; IVI	t Vernon Rd, Mt Vernon, IN, 47620	Complaint	\cap	() ()
Person in C Jared		3ril	ey Simpkins	Pre-Operational	$C_{\overline{C}}$	NC_	, R O
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified For Briley			exp. 2/17/2027	Other (list) 	1 2	<u>3</u>	<u>)4U5U</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
			No violations observed at tim	ne of inspection.			
			Did not have a Dubois County Food	Permit on day of e	event		
			,				
Received by	(name and	title p	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

Establishme		1.1.	.1	Telephone Number	Date of Inspe (mm/dd/yr)	ction	тв# 519		
A&B I				(812-817-1535 _{06/0}					
			mber and street, city, state, zip code) t, Jasper, IN, 47546	⁽ 812-817-1658	00/01/2	-020			
Owner Rebec		oni	lla	Purpose: Routine	Follow-up NO		e Date 17/2023		
Owner's Ad		n S	t, Jasper, IN, 47546	Follow-up Complaint	Summary of				
Person in C				✓ Pre-Operational	$_{ m C}$ U	NC_	$\mathcal{I}_{\mathbf{R}}$ $\mathbf{U}_{\mathbf{R}}$		
Rebec				Temporary					
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addii	ional page)		
Certified Fo			exp. 4/11/2027	Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <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 "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 time	ne of inspection.					
			OK to operate	e					
				-					
									
Received by	(nomo and	titlo r	printed):	Inspected by (name and title pr	intad):				
Received by	(name and	uue p		Kymberlee	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

Establishmo			0 . (.		Telephone Number	Date of Inspec (mm/dd/yr)	ction	ID#
			ens Cafe		() Establishment	06/12/2	023	521
Establishmo	Vine S	s (nui Stre	mber and street, city, state, zip o	^{code)} 47546	⁽ 773 ⁻ 759-9827	00/12/2	.020	
Owner					Purpose:	Follow-up	Releas	
Barry)p			Routine	No	06/	22/2023
Owner's Ac 1280 \		Stre	eet, Jasper, IN,	47546	Follow-up Complaint	Summary of	_	
Person in C					✓ Pre-Operational	$_{\rm C}$ U	$_{\rm NC}$	\mathcal{I}_{R} U_{R}
Barry		•			Temporary			
Responsible	Person's	E-ma	il	НАССР	Menu Type	See addit	ional page)	
Certified Fo	od Handle) P		Other (list)	10,0	$)_3$	1050	
Barry [XD.			1020	<u></u>	4030
_	•		ENTIFIED IN THE CHECKLIST A	ND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTION	S 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
				Ok to operate	e			
Received by	(name and	title p	printed):		Inspected by (name and title pr	rinted):		
					Christina Pie			
Received by	(signature)):			Inspected by (signature):			
cc:			CO	c:		cc:		



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

Establishme) e	& Services Inc. DBA Dutch Mart	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	1 012 000 0121		/2023	14
402 E.			ST., HOLLAND, IN, 47541	⁽ 661-578-1863			
Owner	lor Ci	مما		Purpose:	Follow-u		se Date
Arvind		ngr	1	Routine	No	07/	17/2023
Owner's Ad		ST	Γ, HOLLAND, IN, 47541	Follow-up	Summary	of Violation	18:
Person in C			1,11022/1105, 111, 47041	Complaint	. 0	() _()
Arvind		ngh	า	Pre-Operational		NC_	<u></u>
Responsible				Temporary	Menu Tyj	oe (See addi	tional page)
				HACCP			
Certified For		er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</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 "SUN	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.			
	 						
	<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 BUFF		M	/INGS AND RINGS	Telephone Number (812-482-9464	Date of Ins (mm/dd/yr	·)	ID# 21
			mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	(0.1)Owner 0.1100	I U// 14	/2023	
Owner MIKE		ER		Purpose: Routine	Follow-uj No		e Date 24/2023
Owner's Ad P.O. E		667	, JASPER, IN, 47547	Follow-up Complaint		of Violation	_
Person in C Doug	harge			Pre-Operational	c	NC_	$\frac{1}{2}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo			1ANIAN 12/13/2026	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	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 of frozen chicken being s	stored on the floor in	walk-in	07/2	24/2023
			freezer.				
204	С	R	Observed employee cell phones being	stored on prep tab	le and	07/2	24/2023
			reach-in meat cooler on b	ack cookline.			
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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Establishme NEW		N	A'S BEST	Telephone Number 812-634-2007	Date of Ins (mm/dd/yr		1D# 31		
Establishmo	ent Addres J. NEV	s (nu V T (mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	⁽ 812-634-2007					
Owner QIU C	HEN			Purpose: Routine	Follow-up No		e Date 10/2023		
Owner's Ac	ddress			Follow-up	_	of Violation			
Person in C	harge			Complaint	3	va 2	$\frac{2}{R}$		
GUO '		١Z	HU	Pre-Operational		NC	_ R		
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)		
Certified F	ood Handle	or		Other (list)	10,	\bigcirc_{2}),(),()		
			IU 2027		1 2	<u> </u>	<u> 4030</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 "SUN	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 hand sink to have gloves and o	ther items being stor	ed in it	Co	rrected		
			preventing employees from prop	preventing employees from properly washing hands.					
347	NC	R	Observed no paper towels at hand wash	Co	rrected				
			from drying han	from drying hands.					
217	NC	R	Observed food in walk-in freezer beir	ng stored in unapp	roved	01/31/2024			
			packages (grocery	bags).					
173	С	R	Observed raw meat being stored above re	eady to eat foods in	walk-in	01/3	31/2024		
			cooler.	-					
177	С	R	Observed multiple food items in walk-in cod	oler and freezer being	stored	08/1	0/2023		
			without lids/cove	ers.					
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			21.11.2.2.2.4.2.4	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			SUNOCO #61	812-389-2811	07/31/	2023	36
			mber and street, city, state, zip code) D. 64, BIRDSEYE, IN, 47513	⁽ 513 ⁽⁾ 367-9905	07/31/	2023	
Owner HAWKS	TONE	AS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-up NO		se Date // 10/2023
Owner's Ac			DI	Follow-up	Summary o	f Violation	ns:
		-Ol	RK RD, HARRISON, OH, 45030	Complaint	\cap		1 1
Person in C Angela		2er	ner	Pre-Operational	c	NC_	<u> R_ I</u>
Responsible				Temporary	Menu Tyne	(See addi	tional page)
responsible	er erson s			НАССР	wienu Type		nonai page)
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \bullet	$_{4}\bigcirc_{5}\bigcirc$
JANIC	E RID	<u>EN</u>	NER 9/11/2023				
• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	N(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
295	NC	R	Observed buildup of mold/dirt/debris on mill	k racks inside walk-in	cooler.	01/3	31/2024
Received by	(name and	l title	,	Inspected by (name and title position of the control of the contro	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		ΙF	SUNOCO#57	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	812-482-2707	07/12/2	2023	37
			Y STREET, CELESTINE, IN, 47521	812-634-1074			
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-up NO		e Date 22/2023
Owner's Ad		-01	N DD 114 DD100N 011 45000	Follow-up	Summary of	Violation	ns:
		·Or	RK RD, HARRISON, OH, 45030	Complaint	1	(1
Person in C	_	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Pre-Operational	C	NC_	, R_I
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0)3(•	0.0
			STER 7/15/2025		102	<u></u>	4 <u>0</u> 5 <u>0</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" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
192	С	R	Observed expired chocolate milk	on the shelf for ret	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:		



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

ST. ANTHONY SUNOCO #58				Telephone Number (812-326-2500	Date of Ins (mm/dd/yr	o)	ID# 38
Establishme	ent Addres	s (number and street, city, state, zip code)					
3969 E	SIAI	ᅡ	ROAD 64, ST ANTHONY, IN, 47575				
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose: Routine	Follow-uj No		e Date 10/2023
Owner's Ad		-01	DI DD 114 DD100N 011 45000	Follow-up	Summary	of Violation	is:
		·Oŀ	RK RD, HARRISON, OH, 45030	Complaint	2	() 1
Person in C	harge			Pre-Operational	C	NC	, R
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addit	ional page)
Certified Food Handler				Other (list)	100	\bigcirc_3),(),()
SERENA CAMPBELL 7/15/2025					1	<u></u>	<u> 4030</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
192	C	R	Observed expired milk and hot dogs	s on the shelf for re	etail.	Cor	rrected
173	С		Observed raw chicken being stored abo	ove cut potatoes in v	valk-in	08/1	0/2023
			cooler.				
Received by	(name and	title j		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

Establishm		V	SUNOCO #56	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-634-7827	07/13/2	2023	39
			AY, JASPER, IN, 47546	⁽ 513-367-9900			
Owner HAWKS	TONE	AS	SOCIATES IN/DBA TRUMPH ENERGY	Purpose: Routine	Follow-up		e Date 23/2023
Owner's Ac	ddress			Follow-up	Summary of		
		OF	RK RD, HARRISON, OH, 45030	Complaint	Summary of	Violation	ns:
Person in C	_	AS:	SOCIATES IN/DBA TRUMPH ENERGY	Pre-Operational	c U	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addi	tional nage)
Responsible	c i cison s	L-IIIA		НАССР	wienu Type	(Bee addi	nonui puge)
Certified Fo	ood Handle	er		Other (list)	10^{2}	$)_3$	$)_{4}$ \bigcirc_{5}
COLT	ON NC)R	MAN 7/15/2025		<u> </u>	<u> </u>	<u> </u>
• CRITICAL	ITEMS 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 "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 1	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

	SVILL		SUNOCO #54	Telephone Number (812-695-2505	Date of Insp (mm/dd/yr) 07/06/	ID# 42	
			mber and street, city, state, zip code) JASPER, IN, 47546	⁽ 513 ⁻ 367-9900			
Owner HAWKS	TONE /	ASS	SOCIATES INC/DBA TRIUMPH ENERGY	Purpose:	Follow-up		e Date 16/2023
Owner's Ac 9171 [OF	RK RD, HARRISON, OH, 45030	Follow-up	Summary o		
Person in C HAWKS		ASS	SOCIATES INC/DBA TRIUMPH ENERGY	Pre-Operational Temporary	c_1_	NC_	R
Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addii	tional page)
Certified Food Handler Exempt				Other (list)	1 <u>0</u> 2	<u>•</u> 3 <u>C</u>	<u>0</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 "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	NC		Box of dessert cakes seen sitting directly of	on the floor of walk in	cooler	01/0	8/2024
191	С	R	Snack packs in walk in cooler were expire	d also multiple ready	to eat	07/1	3/2023
			items for sale had no dates or system in pl	ace to track expiratio	n date		
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

	S TR		CK STOP	Telephone Number (812-389-2290	Date of Ins (mm/dd/yr		1D# 54
502 W	ent Addres HWY 6	54 F	mber and street, city, state, zip code) P.O. BOX 75, BIRDSEYE, IN, 47513				
Owner DEBC	RAH	D	ERNST	Purpose: Routine	Follow-uj		10/2023
Owner's Address 25150 CHANDLER RD, BRISTOW, IN, 47515				Follow-up Complaint		of Violation	
Person in C	harge		ERNST	Pre-Operational	c_4	NC_S	5 _R _
Responsible				Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Fo			NST EXP. 8/18/2025	Other (list)	102	<u></u>	0_4 0_5
• 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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
173	С	R	Observed raw meat (bacon, pork tenderloin	s) being stored above	e ready	08/1	10/2023
			to eat foods in double door frid	ge by dishwasher.			
295	NC	R	Observed buildup of flour/dust/debris on s	helves, kitchen prep	tables,	01/3	31/2024
			refrigerator and freezer handles thro	oughout establishn	nent.		
433	NC	R	Observed mops not being	hung to dry.		01/3	31/2024
146	NC	R	All frozen meat coming into facility needs t	to have some sort of	tracing	01/3	31/2024
			and labeling system to identify product	and when it was red	eived.		
177	С	R	Observed to-go containers and boxes beir	ng stored on floor in s	torage	Coi	rrected
			room.				
191	С	R	Observed no dating system on ready to ea	at products (lettuce, c	heese,	08/1	10/2023
			tomatoes) in refrigerators thr				
415	С	R	Observed mouse droppings on floor in sto	<u> </u>	where	08/1	10/2023
			boxes and to-go containers wh	nere being stored.			
				<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:							



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	NERAL STORE #2144	Telephone Number (812-610-9913	Date of Ins (mm/dd/yr))	ID# 56
Establishme	ent Addres	s (nui	nber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	615-855-4000	07/07	/2023	
		OR	P, LLC.	Purpose: Routine	Follow-up	07/	17/2023
Owner's Ac		RIE	OGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint	Summary	of Violation	
Person in C		∩R	P, LLC.	Pre-Operational	c_0	$_{\rm NC}$	$\frac{1}{R}$
Responsible			•	Temporary	Menu Typ	e (See addi	tional page)
Certified Fo		er		HACCP Other (list)	102	<u></u>	<u>_4</u> _5
		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	rrected By
			No violations observed at time	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:		



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	ENERAL STORE #2743	Telephone Number (423-939-9540	Date of Ins (mm/dd/yr	·)	ID# 57
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) NUE, JASPER, IN, 47546	615-855-4000		2/2023	
		OR	RP, LLC.	Purpose: Routine	Follow-uj No		e Date 22/2023
Owner's Ac		RIE	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint	•	of Violation	
Person in C Ryan	harge		<u>- </u>	Pre-Operational	c <u>2</u>	$_{\rm NC}$	$\frac{1}{2}$
Responsible			il	Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Fo		er		Other (list)	102	<u></u>)4050
• 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	a the chalffer rete	:1		orrected By
144	C	R	Observed several dented cans o				24/2023
192	C	R	Observed expired hot dogs on	the shell for retail.		07/2	24/2023
Received by	(name and	title r	orinted):	Inspected by (name and title pr	rinted):		
received by	(name and	titie p		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

Establishm	AGU ent Addres	s (nu	' GRILL mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	Telephone Number (812-481-1799) (812-319-3805)	Date of Instance (mm/dd/yr		1D# 66
Owner			MOSQUEDA	Purpose:	Follow-u		e Date 03/2023
Owner's Ac		unt	y Rd. 150 N, Richland, IN, 47634	Follow-up	-	of Violation	
Person in C	harge		ez Mosqueon	Pre-Operational	$_{\rm c}$ 3	NC	$\frac{1}{R}$
Responsible			•	Temporary HACCP	Мепи Тур	oe (See addit	ional page)
Certified Fo			MOSQUEDA 02/13/2025	Other (list)	102	<u></u>	<u>4</u> 05
• 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				rrected By
345	С		Observed employee belongings being stor		sink by	Coı	rected
			dish machine				
342	NC		Observed hand washing sink in bar area	•	water	01/2	24/2024
			due to knob being b	oroken.			
438	С	R	Observed chemical spray bo	ottle not labeled.		08/0	3/2023
296	С		Observed buildup of dirt/mold on ice mach	ine and in need of cle	eaning.	08/0	3/2023
			Facility had no hot water and was closed	until problem can be	fixed		
Received by				Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
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		_`	(O D II I	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			′ GRILL	812-481-1799	07/25/	2023	66
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	⁽ 812 ⁻ 319-3805	01/23/	2023	
Owner DAGC	BER	TC	MOSQUEDA	Purpose:	Follow-up NO		e Date 04/2023
Owner's Ad		<u>. </u>	- MOOQOLDIK	✓ Follow-up	Summary o		
8619 V	V. Cou	unt	y Rd. 150 N, Richland, IN, 47634	Complaint	Summary 0	i violatioi	15.
Person in C				Pre-Operational	$_{\rm C}$ ${\sf U}$	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$
		_	ez Mosqueon	Temporary	<u> </u>		_ ~
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	and Handle	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Other (list)	10,0	$)_3$),(),()
			MOSQUEDA 02/13/2025		102	<u></u>	<u> 4030</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		,	Го Ве Со	orrected By
			**Facility has working hot water at all s	sites and able to op	erate		
			properly they may resume	•			
			1 1 3 3	•			
Received by (name and title printed): Inspected by (name and title printed):							
				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		\bigcirc I	_LAR #31267	Telephone Number (812-817-3116	Date of Insp (mm/dd/yr)	ection	ID# 69
			mber and street, city, state, zip code)	1	07/31/	2023	09
			OAD 64, BIRDSEYE, IN, 47513	⁽ 75 7 -321-5058			
Owner FAMII	Y DC	וו	AR STORES OF IN, LLC	Purpose: Routine	Follow-up		te Date 10/2023
Owner's Ac			EXIT OT OTTES OF ITY, ELEC		_		
		PAF	RKWAY, CHESAPEAKE, VA, 23320	Follow-up Complaint	Summary o		
Person in C				Pre-Operational	$_{\rm c}$	NC_	$\bigcup_{R} \bigcup_{R}$
tony D		F 5		Temporary	М Т	(C 11:	4: 1 \
Responsible	e Person's	t-mai	II	НАССР	Menu Type	(See aaai	tional page)
Certified Fo		er		Other (list)	102	<u>3</u>	<u>4</u> 050
• 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 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		ТБ	PIZZA & GRILL (PBTP INC)	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	(812-683-3669	07/07	/2023	81
			EET, HUNTINGBURG, IN, 47542	⁽ 812-639-7916			
Owner JOHN	P. S	NC	IGER	Purpose: Routine	Follow-up		e Date 17/2023
Owner's Ac				Follow-up		of Violation	
917 SH	IELBY	ST	REET, HUNTINGBURG, IN, 47542	Complaint			
Person in C JOHN		ON	IGER	Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	
Responsible				Temporary	Menu Typ	e (See addii	ional page)
				HACCP			
Certified For John F			exp. 5/23/2027	Other (list)	1 2	<u></u>	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
295	NC	R	Observed buildup of dust/dirt/debris on prep	table and wall behin	nd table	01/0	8/2024
			beside pizza ove	ens.			
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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Establishme HARI		S F	RESTAURANT #1503373	Telephone Number (812-634-9469	Date of Ins (mm/dd/yr)	ID# 88
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) STREET, JASPER, IN, 47546	(07/31	/2023	
Owner Starco		LC		Purpose: Routine	Follow-uj		te Date 10/2023
Owner's Ad		rn l	Rd Ste 100, Phoenix, AZ, 85014	Follow-up	Summary	of Violation	18:
Person in C	harge		(Ca Oto 100, 1 1100111X, 712, 00011	Complaint Pre-Operational	0	NC () , ()
Starco				Temporary	<u> </u>	. 110	
Responsible	Person's	E-ma	il	НАССР	Menu Typ	e (See addii –	tional page)
Certified Fo			xp. 9/2/2027	Other (list)	$1 \bigcirc 2$	<u>3</u>	0_4 0_5
• 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 p		Inspected by (name and title properties) Kymberlee	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

Establishmon HON(N	G CHINESE RESTAURANT		lephone Number 812-634-1103	Date of Ins (mm/dd/yr	o)	100 #
			mber and street, city, state, zip code) Y 231, JASPER, IN, 47546	1 .	359-353-7820	07/31	/2023	
Owner Zhou '		Do	ng		rpose: Routine	Follow-u		e Date 10/2023
	/ 8th \$	St,	JASPER, IN, 47546		Follow-up Complaint	Summary	of Violation	
Person in C Zhou	Wen I		•		Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il		НАССР	Menu Typ	ne (See addii	
Certified Fo			g exp 12/13/2024		Other (list)	1 <u>0</u> 2	<u>3</u>	<u>14</u> 050
• CRITICAL	L 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	ММА	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	rrected By
347	NC	R	Observed no paper towels at handwashing	sir و	nk preventing emp	loyees	01/3	31/2024
			from properly drying	ha	ınds.			
295	NC	R	Observed buildup of dust/dirt/debris o			ooking	01/3	31/2024
			equipment throughou	ıt fa	acility.			
217	NC		Observed food being stored in unapprove			bags).	01/3	31/2024
			**Noted ceiling tiles throughout back of fa	acili	ty, mainly over co	ookline		
			are starting to crack/break and in ne	эес	or replacing so	on**		
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

Establishment Address (number and street, city, state, zip code) 230 THIRD AVENUE, JASPER, IN, 47546 State Content Cont	Establishme HUCk		28	 .6	Telephone Number (812-481-1016	Date of Ins (mm/dd/yr	r)	104	
Owner MARTIN & BAYLEY, INC. Parpose: Rother Rother	Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		07/03	/2023	104	
MARTIN & BAYLEY, INC. Owner's Address Person in Charge Jessica Pritchard-Eskew Reponsible Person's E-mail	230 TI	HIRD	A١	/ENUE, JASPER, IN, 47546	618-382-2334				
Summary of Violations: Summary of Violati		IN &	ΒA	YLEY, INC.					
1311A W MAIN STREET, CARMI, IL, 62821	Owner's Ac	ldress		·	 	Summary			
Person in Charge Sessica Pritchard-Eskew	1311A	W N	ΙΑΙ	N STREET, CARMI, IL, 62821	<u> </u>		_		
Responsible Person's E-mail ILACCP Other (list)			ch	ard-Eskew	Pre-Operational	c_ _	NC	_ _R _3	
Certified Food Handler Jennifer Hoffman exp. 1/19/2026 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED *C** *VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS *R** Section# C/NC R Nobserved expired shredded cheese on the shelf for retail. Corrected by 192 C R Observed buildup of dirt/food debris on inside of microwave and in need. 07/13/2023 of being cleaned. 433 NC R Observed mops not being hung to dry. 01/03/2024 **Constant of the image of						Menu Tyj	pe (See addit	tional page)	
Jennifer Hoffman exp. 1/19/2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLIMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By 192 C R Observed expired shredded cheese on the shelf for retail. Corrected 295 C R Observed buildup of dirt/food debris on inside of microwave and in need. 07/13/2023 of being cleaned. 433 NC R Observed mops not being hung to dry. 01/03/2024 Received by (name and title printed): Kymberlee Received by (signature): Inspected by (signature):									
VIOLATIONS) REFEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R				an exp. 1/19/2026	Other (list)	1 <u>0</u> 2	<u> </u>) ₄ <u>0</u> 5 <u>0</u>	
Section# C/NC R Observed expired shredded cheese on the shelf for retail. Corrected 295 C R Observed buildup of dirt/food debris on inside of microwave and in need. 07/13/2023 of being cleaned. 433 NC R Observed mops not being hung to dry. 01/03/2024	• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
192 C R Observed expired shredded cheese on the shelf for retail. 295 C R Observed buildup of dirt/food debris on inside of microwave and in need. 307/13/2023 of being cleaned. 433 NC R Observed mops not being hung to dry. O1/03/2024 O1/03/2024 Inspected by (name and title printed): Inspected by (signature):	• 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"	
295 C R Observed buildup of dirt/food debris on inside of microwave and in need. of being cleaned. 433 NC R Observed mops not being hung to dry. 01/03/2024 Observed mops not being hung to dry. Inspected by (name and title printed): Kymberlee Received by (signature):	Section#	C/NC	R	Narrative			To Be Co	rrected By	
of being cleaned. 433 NC R Observed mops not being hung to dry. 01/03/2024 Received by (name and title printed): Inspected by (signature): Inspected by (signature	192	С	R	Observed expired shredded cheese	e on the shelf for re	etail.	Cor	rected	
Received by (name and title printed): Received by (signature): Additional content of the printed of the pri	295	С	R	Observed buildup of dirt/food debris on insid	de of microwave and ir	า need.	07/1	3/2023	
Received by (name and title printed): Inspected by (name and title printed): Kymberlee				of being cleane	ed.		1		
Received by (signature): Inspected by (signature):	433	NC	R	Observed mops not being	hung to dry.		01/0	3/2024	
Received by (signature): Inspected by (signature):									
Received by (signature): Inspected by (signature):									
Received by (signature): Inspected by (signature):									
Received by (signature): Inspected by (signature):									
Received by (signature): Inspected by (signature):									
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Received by (signature): Inspected by (signature):							1		
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Received by (signature): Inspected by (signature):									
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Received by (signature): Inspected by (signature):									
Received by (signature): Inspected by (signature):	Received by	(name and	title j			inted):			
	Dagaired by	,							
cc: cc: cc:	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 HUCk		35	50	Telephone Number (812-634-1818	Date of Ins (mm/dd/yr	o)	10# 106
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) N ROAD, JASPER, IN, 47546	618-382-2334	07/14	/2023	100
	OFFI	νıΑ	IN ROAD, JASPER, IIN, 47546		F. II	l n ı	
		ΒA	YLEY INC.	Purpose: Routine	Follow-uj No		24/2023
Owner's Address 1311A W MAIN STREET, CARMI, IL, 62821				Follow-up Complaint		of Violation	
Person in C			, ,		2	NC_1	. 3
Staci (Coop	er		Pre-Operational	C	NC	K
Responsible	e Person's	E-ma	il	Temporary	Menu Tyr	e (See addii	tional page)
				HACCP			
Certified For Christy			n exp 05/08/2025	Other (list)	1 <u>U</u> 2	<u></u>	<u>/4</u> <u>5</u> <u>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 "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 buildup of food debris on pizza tr	ack and in need of cle	eaning.	07/2	24/2023
177	С	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	Coi	rrected
218	NC	R	Observed buildup of ice on product, c	pserved buildup of ice on product, ceiling and floor in walk-in			
			freezer.				
Received by	(name and	title j	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

Establishment Name McDONALD'S #25169 (Jasper North) Establishment Address (number and street, city, state, zip code) 4130 NEWTON STREET, JASPER, IN, 47546				(8	12-634-6212 170-566-1749	Date of Ins (mm/dd/yr 07/26)	то# 137
Owner SUSA	N & F		K MANN		rpose: Routine	Follow-uj		e Date 05/2023
	Owner's Address 3944 Fox Hollow Ct, JASPER, IN, 47546					Summary	of Violation	
Person in Charge Amanda Wertman					Complaint Pre-Operational	$_{\rm C}$	NC_S	$\frac{3}{1}$
Responsible					Temporary	Menu Typ	e (See addit	ional page)
Certified Fo			0/00/0005		HACCP Other (list)	102	<u></u>	04050
			nan 3/23/2025					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			D IN THE N	ADD ATIME	DELOWAS "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	VIIVIA	RY OF VIOLATIONS" AN	DINTHEN		orrected By
234	NC	10	Observed ice scoops being stored in direct	ly ir	n ice bin causing h	andles		26/2024
			to come in direct contact					
295	NC	R	Observed milk leaking from bag and pooli	ng	on bottom of refric	gerator	01/2	26/2024
			under coffee drink s	stat	ion.			
418	NC		Observed employee drinks being stored in	bu	rger freezer on co	okline.	01/2	26/2024
Received by	(name and	title p	printed):	Insp	ected by (name and title pr	rinted):		
				Kymberlee				
Received by					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 MER		/ A	ND SONS, INC.		Telephone Number (812-482-7020)	Date of Ins (mm/dd/yr)	j	140
			mber and street, city, state, zip code) , JASPER, IN, 47546		(812-630-5659	07/13	/2023	
Owner JAME	S ME	Rk	(LEY		Purpose:	Follow-up		se Date 23/2023
	. 8th S	St.,	JASPER, IN, 47546		Follow-up Complaint		of Violation	_
Person in C	SME			Pre-Operational Temporary			0_{R}	
Responsible Certified Fo			il .	HACCP Other (list)	Menu Typ	e (See addi	tional page)	
Michae	el Tub	bs	exp. 4/15/2024		1	<u></u>	74030	
			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	••••			To Do Co	orrected By
Section#	C/NC	K					10 ве С	orrected by
			No Violations observed	at ti	me of inspection			
Received by	(name and	title p	printed):		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		O		Telephone Number (812-482-5263)	Date of Ins (mm/dd/yr		1D#	
			mber and street, city, state, zip code) STRASSE, JASPER, IN, 47546					
Owner				Purpose:	Follow-uj		e Date 03/2023	
Person in C	ADEN Charge		TRASSE, JASPER, IN, 47546	Follow-up	Summary 4	of Violation	ns:	
MI JAI				Temporary	·			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addii	tional page)	
Certified Fo	ood Handle	er		Other (list)	102	<u>3</u>	0_4 0_5	
• 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 "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	Observed frozen food (chopped carrots) l	being stored in unap	proved	01/2	24/2024	
			packaging (grocery	bags).				
173	С	R	Observed raw eggs above ready to eat food	d in double door refrig	gerator.			
177	С	R	Observed onions, sugar and beans being	stored on the floor i	n back	08/0	03/2023	
			storage area.					
438	С	R	Observed chemical spray bottles not la	abeled throughout f	acility.	08/0	03/2023	
218	NC	R	Observed gasket and handle on both					
			refrigerator to be broken and					
204	С		Observed employee cell phone on prep for	•	okline.	Co	rrected	
Received by	(name and	title 1		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

0wner NICK 0wner's Ad 13682	TE'S ent Addres ST. R STRA ddress E E 65	D.	mber and street, city, state, zip code) 56, JASPER, IN, 47546	Telephone Number (812-481-9966 (812-709-2262) Purpose: Routine Follow-up Complaint	Date of Insp (mm/dd/yr) 07/05/	Release 07/	10# 146 15/2023 as: 2 R 1
Person in C		١N	GE	Pre-Operational	C	NC_	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo			ge exp.12/12/2027	Other (list)	102	<u>3</u>	04050
• 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	- (Ch P.d.			orrected By
351	NC		Observed trashcan in restroon				05/2024
297	NC	R	Observed buildup of dust/dirt/food debr topping coole		i pizza	01/0)5/2024
			topping coole	1.			
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

Establishmo 425 U Owner CHC E Owner's Ac	A JOH ent Addres S HW ENTE	Y RF	L'S PIZZA mber and street, city, state, zip code) 231, JASPER, IN, 47546 PRISES INC STE 3A, JEFFERSONVILLE, IN, 47130	Telephone Number (812-482-1166) (812-280-1101) Purpose: Routine Follow-up	Date of Insp (mm/dd/yr) 07/03/2 Follow-up NO	2023 Releas 07/	158 e Date 13/2023
Person in C	harge	-		Complaint Pre-Operational	$_{\rm c}$	NC_	$\frac{1}{R}$
ANDR Responsible				Temporary	Menu Type		
_				HACCP			
Certified For Andrev			xp. 5/7/2024	Other (list)	1 <u></u> 2	<u>)</u> 3 <u>(•</u>	4050
			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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No violations observed at time	ne of inspection.			
Pagain-11	(noma 1	+;+1 -	printed):	Inspected by (name == 1 441	rintad):		
Received by	(name and	uue J		Inspected by (name and title properties) Kymberlee	intea).		
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 4997 \ Owner ROGE Owner's Ac	ROC ent Addres W. ST ER SC ddress W 500 Charge	SS (NU R CH)	BAR & GRILL mber and street, city, state, zip code) D 56, IRELAND, IN, 47546 WENK I, JASPER, IN, 47546	Telephone Number (812-482-7557 (812-630-1794) Purpose: Routine Follow-up Complaint Pre-Operational Temporary	Date of Inst (mm/dd/yr) 07/05/ Follow-up NO Summary of C	/2023 Releas 07/	
Responsible Certified Fo	ood Handle	er		HACCP Other (list)	Menu Type	e (See addii	tional page)
Jennife	er Haa	ag e	exp. 6/27/24				
• CRITICAL	L 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			
Section#	C/NC	R	Narrative				orrected By
295	NC	R	Observed buildup of dust/dirt/debris on		loor in	01/0)5/2024
			walk-in coole	r.			
Received by	(name and	title j	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 RON'		Α(CE	Telephone Number (812-683-9412	Date of Ins (mm/dd/yr	•)	167
			mber and street, city, state, zip code) N STREET, HUNTINGBURG, IN, 47542	(04) 0 Where 0 = 40	07/07	7/2023	
Owner BOB E	BUEC	HL	.EIN	Purpose:	Follow-u		te Date 17/2023
Owner's Ac 345 S 7		_ CI	RCLE E, SANTA CLAUS, IN, 47579	Follow-up Complaint	Summary	of Violation	ns:
Person in C BOB E		HL	.EIN	Pre-Operational Temporary	c	NC_	$\frac{\mathbf{J}_{\mathbf{R}}\mathbf{U}}{\mathbf{U}}$
Responsible	Person's	E-mai	il .	НАССР	Menu Tyj	<u> </u>	tional page)
Certified Fo			exp. 08/21/2023	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	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				orrected By
177	С		Observed pizza boxes being stored	on floor in back of	ffice.	Co	rrected
			<u> </u>				
Received by	(name and	title r	printed):	Inspected by (name and title p	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		PR	ROCESSING	Telephone Number	Date of Inspe (mm/dd/yr)		170
			mber and street, city, state, zip code)	(812-481-0044	07/12/	2023	170
			ROAD 164, CELESTINE, IN, 47521	⁶ 812-639-9195			
Owner CHRIS	S. Rai	ndv	y, Kent SANDER	Purpose:	Follow-up NO		e Date 22/2023
Owner's Ac			,,	Follow-up	Summary o		
1121 N	I BEA	VE	R LAKE RD, JASPER, IN, 47546	Complaint		_	
Person in C	_			Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP		\ G	
Certified Fo			5/12/2026	Other (list)	1 <u>0</u> 2	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		r	Го Ве Со	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:		
					l		



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

Establishmo			C SUBWAY (@ WAL-MART)	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	812-634-9898	07/10/2	2023	186
			ON STREET, JASPER, IN, 47546	⁽ 317-701-3962			
Owner		\ TI	-1	Purpose:	Follow-up	Releas	
CHIN		11/	<u> </u>	✓ Routine	No	07/	20/2023
Owner's Ac		SOI	UTH, GREENWOOD, IN, 46142	Follow-up Complaint	Summary of	_	
Person in C		· —	-1	Pre-Operational	$_{\rm c}$ U	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
CHIN				Temporary			
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	102	$)_3$	0_4 0_5
• 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	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:			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		OUR	nds Enterprises Inc. (Huntingburg)	Telephone Number	Date of Ins (mm/dd/yr		ID#
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	812-683-4141 812-631-1636	07/07	/2023	187
609 N I	MAIN :	STI	REET, HUNTINGBURG, IN, 47542				
Owner TERE	SA A	ВС	DUNDS	Purpose: Routine	Follow-up		e Date 17/2023
Owner's Ac 2006		ne (Ct, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	_
Person in C				Pre-Operational	CU	NC ($\mathbf{O}_{\mathbf{R}}$
Teres				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	e (See addii	tional page)
C de le	177 11			Other (list)	.0.		\bigcirc
Certified Fo			NDS EXP 7-27-2023		1 2	<u> </u>	<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	rrected By
			No violations observed at tim	ne of inspection.			
				<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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State Form 22116 (R7 /12-04) SDH Form 51-0001 Dubois County Health Department Telephone 812-481-7055 Fax 812-481-7069

					1		
Establishme TICK		ΞLI	LY HILL LLC	Telephone Number (812-630-5638)	Date of Ins (mm/dd/yr		1D# 198
			mber and street, city, state, zip code) HONY RD W, HUNTINGBURG, IN, 47542	⁽ 812-630-5638	07/12	/2023	
Owner TIM F	LICK			Purpose: Routine	Follow-uj		se Date 22/2023
Owner's Ac 2690 S S		TNA	HONY RD W, HUNTINGBURG, IN, 47542	Follow-up Complaint		of Violation	
Person in C	Charge LICK			Pre-Operational	c_1	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible		E-ma	il	Temporary HACCP	Мепи Тур	oe (See addi	tional page)
Certified Fo			XP. 1/19/2027	Other (list)	1 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	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	С		Observed buildup on food storage shelve	es and fan in walk-in	cooler.	07/2	24/2023
			**Facility is in the process of relocating and	reorganizing equipme	nt and		
			product. Will be cleaning and sanitizing		+		
			process.**	y			
			p: 3333.				
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	ont Nama			Telephone Number	Date of Ins	naction	ID#	
WALI		T £	1 870		(mm/dd/yr		207	
			mber and street, city, state, zip code)	812-634-1233	07/10	/2023	207	
			ON STREET, JASPER, IN, 47546	479-204-9864				
Owner				Purpose:	Follow-up		se Date	
WAL-I	MAR	ΓS	TORES EAST, LP	✓ Routine	No	07/	20/2023	
Owner's Ac				Follow-up	Summary	of Violation	ns:	
		REE	Γ, MS #0500, BENTONVILLE, AR, 72716-0500	Complaint	\cap		1 1	
Person in C		ГЅ	TORES EAST, LP	Pre-Operational	$_{\rm C}$	NC_	R	
Responsible			·	Temporary	Menu Tvr	e (See addi	tional page)	
•				НАССР				
Certified F				Other (list)	$1 \bigcirc 2$	<u>3</u>	$0.4 \bigcirc 5 \bigcirc$	
nicole	faulkr	er	7/3/2023					
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "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	
409	NC	R	Observed missing ceiling tiles in bakery	prep area by bread	l oven.	01/	10/2024	
Received by	(name and	l title j	printed):	Inspected by (name and title p	rinted):			
Pagaired 1-	(aigratus-	١٠		Kymberlee				
Received by	(signature).		Inspected by (signature):				
00:			20:		cc:			
cc:			cc:		cc:			



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Establishm				Telephone Number	Date of Inspector (mm/dd/yr)	ction	ID#
YOUN	IG ME	ΞΝ	S INSTITUTE COUNCIL #497	812-683-2497	07/07/2	0033	216
			mber and street, city, state, zip code)	(812-683-2497	01/01/2	.023	
	/AN BU	JRE	N STREET, HUNTINGBURG, IN, 47542			-	
Owner MEME	BERS	Ol	F YMI CLUB	Purpose: Routine	Follow-up NO		ne Date 17/2023
Owner's Ac	ddress			Follow-up Complaint	Summary of		
Person in C		\TE	ERS	Pre-Operational	c_ U	NC_	$R_{\rm R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	See addii	ional page)
Certified Fo			RS exp 12/17/2025	Other (list)	$1 \bigcirc 2$	<u>)</u> 3 <u>@</u>	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	orrected By
346	NC		Observed no hand soap at handwa	ashing sink in kitch	ien.	Co	rrected
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		or	ral Store #19005	Telephone Number	Date of Ins (mm/dd/yr		ID# 304	
			ral Store #18995 mber and street, city, state, zip code)	0:2 020 2200 (
106 S	. Mair	า <u>S</u>	t., Huntingburg, IN, 47542	615-855-4000				
Owner				Purpose:	Follow-u			
Dolge		<u>, L</u>	LC	✓ Routine	No	07/	17/2023	
Owner's Ad		Ri	idge , Goodlettsville, TN, 37072	Follow-up Complaint	Summary	of Violation		
Person in C				Pre-Operational		_ NC_1	ьU	
Tamm	ıy Fisl	ke			L	. NC	_ K	
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Ty	pe <i>(See addit</i>	ional page)	
Certified Fo		er		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 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 N	JARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
351	NC		Observed trashcan in women's rest	troom to not have a	a lid.	01/0	08/2024	
Received by	(name and	title r	orinted):	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

Establishme TWIS		T	OASTER	Telephone Number () Establishment	Date of Ins (mm/dd/yr	·)	1D# 305
Establishmo	ent Addres	s (nui	mber and street, city, state, zip code) AVE, VINCENNES, IN, 47591	⁽ 812-891-3684	07/21	/2023	
Owner GABE		RRA	ALL	Purpose: Routine	Follow-u		se Date 31/2023
Owner's Ad 1012 E		GΕ	AVE, VINCENNES, IN, 47591	Follow-up	Summary	of Violation	ns:
Person in C	harge			Complaint Pre-Operational	c_0	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	pe (See addii	tional page)
Certified Fo			25	Other (list)	102	<u></u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	No Violations observed at tip	no of increation		To Be Co	orrected By
			No Violations observed at tin	ne or 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

Establishme WING		T	`	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-556-0399	07/10/	2023	311
3683	N. NE	W	TON, JASPER, IN, 47546	⁽ 812-430-6125			
Owner	l l	I	1	Purpose:	Follow-up		e Date
manis		no	tra	✓ Routine	No	07/	20/2023
Owner's Ac 8833		Poi	nte Dr, Newburgh, IN, 47630	Follow-up Complaint	Summary o		
Person in C	_			Pre-Operational	CU	NC_	
Megar	า Bail	ey		Temporary		110	^
Responsible	Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \odot	$)_{4}\bigcirc_{5}\bigcirc$
			exp. 12/31/2025		1	<u> </u>	<u> </u>
• CRITICAL	ITEMS AR	E IDI	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		,	Го Ве Со	rrected By
295	NC	R	Observed buildup of dirt/moisture/food de	bris on bottom shelf	of prep		
			food cooler on cookline	e by fryers.			
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
			<u>.</u>				
cc:			cc:		cc:		



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Establishm				Telephone Number	Date of Ins		ID#
FAST	TRA	Cł	< 500	917-369-0746	(mm/dd/yr)		325
			mber and street, city, state, zip code)	(91 7 -369-0746	07/07	/2023	
	N. IVIA	IIN .	ST., HUNTINGBURG, IN, 47542				
Owner RAJ S	SINGE	1		Purpose:	Follow-up		te Date 17/2023
Owner's Ac		•		Follow-up		of Violation	
1241 r	n mul	bei	rry In, vincenives, IN, 47591	Complaint	Summary	or violation) (
Person in C	harge			Pre-Operational		NC ($\bigcup_{\mathbf{R}} \mathbf{U}$
RAJ S	SINGH	<u> </u>		Temporary		110	_ K
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
C (C IE	177 11			Other (list)			\bigcirc
Certified For		er				<u> </u>	<u>/405</u>
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	I		
• VIOLATIC	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
191	С		Observed packaged food on the shelf for	retail without dates o	f when	07/1	17/2023
			it was prepared or wher	n it expires.			
				'			
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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Establishm				Telephone Number	Date of Ins		ID#
			INN & SUITES JASPER	812-250-5155	(mm/dd/yr 07/06		335
			mber and street, city, state, zip code) TRE LANDING, JASPER, IN, 47546	() Owner	07700	72023	
Owner RIVEF	R CEI	۱T۱	RE DEVELOPERS LLC	Purpose: Routine	Follow-up No		e Date 16/2023
Owner's A	ddress			Follow-up	Summary	of Violation	_
Person in C Danie		adc	den	Complaint Pre-Operational	c_0	NC	$\underline{0}_{R}\underline{0}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	_	tional page)
Certified For ERIC			xp,4 /15/2026	Other (list)	1 2	<u></u>	04050
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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	title		Inspected by (name and title processing Pie			
Received by	(signature):		Inspected by (signature):			
cc:			сс:		cc:		



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2603 N Owner	CREA ent Addres NEW	s (nu FOI	mber and street, city, state, zip code) N ST. SUITE C, JASPER, IN, 47546	Telephone Number (812-482-7069 (812-787-1996 Purpose:	Date of Inspe (mm/dd/yr) 07/10/2 Follow-up	2023 Releas	ID# 389 e Date
		GF	RABER	Routine	No	07/	20/2023
Owner's Ad 3646		F	MONTGOMERY, IN, 47558	Follow-up	Summary of	Violation	ns:
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} c & 0 \end{bmatrix}$	NC_	$\bigcup_{\mathbf{R}} 0$
			RABER	Temporary			
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo				Other (list)	$1 \bigcirc 2$	$)_3$	0_4 0_5
JOYCE	E GRA	∖BE	ER 09/17/2023				
• 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" AN			
Section#	C/NC	R	Narrative		1	To Be Co	rrected By
			No violations observed at time	ne of inspection.			
Received by				Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)	:		Inspected by (signature):			
cc:			ce:		cc:		



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Establishm DERE		BF	RITTANY TARRH	Telephone Number (812-351-3399	Date of Ins (mm/dd/yr)		1D# 408
			mber and street, city, state, zip code) Huntingburg, IN, 47542	⁽ 812-351-3399	07/07	/2023	
Owner BRITT	ANY	TA	ARRH	Purpose:	Follow-up		te Date 17/2023
	/ 3rd (St,	Huntingburg, IN, 47542	Follow-up Complaint	_ `	of Violation	_
Person in C BRITT	ANY			Pre-Operational Temporary		NC_	
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Fo			EK TARRH EXP. 10/8/2026		1 <u></u> 2	<u>3</u>	<u> </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 time	ne of inspection.			
				•			
	ļ						
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, city, state, zip code) Stabilishment Address (number and street, zip code) Stabilishment Address (n	Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Stablishment Address (number and street, city, state; zip code) 312 N. Main St., Huntingburg, IN, 47542 812-309-0235 8112-309-0235 812-309-0235	Fry'D				812-684-9449			409
Owner's Address 3510 N NEWTON ST, Jasper, IN, 47546 Person in Charge Tracey Price Responsible Person's E-mail Certified Food Handler Jared Weise it 2/11/2024 - Certified Food Handler Jared Weise it 2/11/2024 - Certified Food Price Responsible Person's E-mail - Certified Food Handler Jared Weise it 2/11/2024 - Certified Food Price Responsible Person's E-mail - No violations observed at time of inspection. Received by (name and title printed): Received by (signature): Received by (signature): Received by (signature): Release Date Polother (Iso) Received By R	Establishm	ent Addres Mair	s (nui	mber and street, city, state, zip code) t Huntinghurg IN 47542	1		2023	
Tracey Price Owner's Address State of Complaint Person in Charge Tracey Price Responsible Person's E-mail Pre-Operational Pre-		. IVICII	<u> </u>	tt, Hantingburg, IIV, 47042	Purnose:	Follow-un	Releas	e Date
3510 N NEWTON ST, Jasper, IN, 47546 Person in Charge Tracey Price Responsible Person's E-mail Certifical Food Handler Jared Weiseit 2/11/2024 - Certifical Food Handler JOHN REDITIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **MOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection. Received by (name and title printed): Received by (name and title printed): Received by (signature): Inspected by (signature) Inspected by (signature)		y Pric	е		^			
STON NEWTON ST, Jasper, IN, 47546 Complaint Prevon in Charge Tracey Price Temporary Tempor					Follow-up	Summary	of Violation	ns:
Person in Charge Tracey Price Responsible Person's E-mail Certified Food Handler Jarred Weisseit 2/11/2024 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection.			WT	ON ST, Jasper, IN, 47546	Complaint	$\mathbf{\Lambda}$		
Responsible Person's E-mail Temporary HACCP HACCP 102 03 04 05 0						$_{\rm C}$ \cup		\mathcal{I}_{R} U_{R}
Repossible Person's E-mail InaccP	•	•						
Certified Food Handler Jared Weiseit 2/11/2024 - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED *C** - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R No violations observed at time of inspection. No violations observed at time of inspections. No violations observed at time of inspections. No v	Responsible	e Person's	E-mai	il		Menu Type	e (See addi	tional page)
Jarred Weiseit 2/11/2024 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection.						\bigcirc		
* NIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R				2/11/2024		1 2	<u>3</u>	<u> 1405</u>
Section# C/NC R No violations observed at time of inspection.	• CRITICAL	L ITEMS AR	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
Received by (signature): No violations observed at time of inspection. Inspected by (name and title printed): Kymberlee Inspected by (signature):	• 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"
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):				No violations observed at tim	ne of inspection.			
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Received by (signature): Inspected by (signature):	Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
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cc:	Received by	(signature)):					
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	cc:			cc:		cc:		



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Establishmo 3605 I Owner Schnu Owner's Ad 11420 Person in C Austin Responsible	ent Addres N. NE ICK Midress Lack harge Mon Person's	ark clar tgc	il	Telephone Number (812-817-5320 (314-994-4411 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	5/2023 Releas	05/2023 s:
			nery exp. 10/30/2023 Entified in the checklist and narrative columns in	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	С		Observed boxes being stored on the	e floor in walk-in fre	ezer.		7/2023
295	NC		Observed glass chiller in deli prep area to				26/2024
			inside and in need of	cleaning.			
Received by	(name and	title j	printed):	Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm SONI	_	82	2	Telephone Number	Date of Ins (mm/dd/yr		ID# 424
			mber and street, city, state, zip code)	(812-827-2001	07/31	/2023	424
			JASPER, IN, 47546	417-324-7768			
Owner North	Fork	Нο	ldings LLC/Jacob Stauffer	Purpose:	Follow-up		te Date 10/2023
Owner's Ac		10	idings LLO/Jacob Stadilei	Routine			
		Cer	ter Ste 2008, West Plains, MO, 65775	Follow-up Complaint	Summary	of Violation	
Person in C				Pre-Operational	$\frac{1}{C}$	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
Howa				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	e (See addii	tional page)
Certified F	ood Handle	r		Other (list)	10^{2}	\bigcirc_3 \bigcirc	O_{4}
			exp 3/11/2026		1	<u> </u>	
• 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 "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		Observed bags of onions being stored or	the floor in walk-in	cooler.	08/1	10/2023
Received by	(name and	title p	orinted):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)	:		Inspected by (signature):			
cc:			ce:		cc:		
					ĺ		



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

Establishm DOLL		GE	NERAL STORE 22655	Telephone Number (930-233-0350 Date of Inspection (mm/dd/yr) 07/12/2023 43				
			mber and street, city, state, zip code) NE RD. S, CELESTINE, IN, 47580	(04) Owner - 4000	07/12	/2023		
Owner DOLG	ENC	OR	RP, LLC	Purpose:	Follow-up		se Date //22/2023	
Owner's Ac		RII	DGE, GOODLETTSVILLE, TN, 37072	Follow-up Complaint		of Violation		
Person in C		OR	RP, LLC	Pre-Operational	c_1	NC_($\frac{1}{R}$	
Responsible			•	Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified F		er		Other (list)	102	<u>3</u>)4050	
• CRITICAI	LITEMS AF	RE 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	
144	С	R	Observed dented cans on th	e shelf for retail.		07/2	24/2023	
Received by	(name and	l title _l		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature):		Inspected by (signature):				
cc:			сс:		cc:			



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Establishme OINK		C	ATERING	Telephone Number (812-630-5638	Date of Ins (mm/dd/yr	r)	1D# 457
			mber and street, city, state, zip code)		01/12	2/2023	757
			TE CENTER, JASPER, IN, 47546	⁽ 812-630-5638			
Owner				Purpose:	Follow-uj		
TIM F				Routine	No		22/2023
		1A 7	NTHONY, HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	
Person in C				Complaint Pre-Operational	[1	1	ь ()
TIM F				Temporary	<u> </u>		
Responsible	Person's	E-ma	il	НАССР	Menu Typ	pe <i>(See addit</i>	tional page)
Certified Fo	and Handle			Other (list)	10°	\bigcirc_3),(),()
			27-2022			<u></u>	<u> </u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </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
177	С		Observed several items being store on the	he floor throughout	facility.	07/2	24/2023
257	NC		Observed no temperature measuring dev	ice in single door, re	each in	01/1	12/2024
			cooler by drive thru v	window.		<u> </u>	
						i	
						i	
			**Facility is in the process of relocating and	reorganizing equipme	ent and		
			product.**				
			-				
							
							
Received by	(name and	title j		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		,		Telephone Number	ection	ID#	
festiv				812-589-5021	(mm/dd/yr) 07/21/	2023	524
			mber and street, city, state, zip code) Ve, evansville, IN, 47711	⁽ 812-589-5021	01/21/	2025	
Owner				Purpose:	Follow-up		e Date
chele		sor	1	✓ Routine		07/	31/2023
Owner's A				Follow-up	Summary of	of Violation	ns:
		e a	ve, evansville, IN, 47711	Complaint	\cap	() (
Person in C chele		cor		Pre-Operational	$_{\rm C}$	NC_($R_{\rm R}$
Responsible				Temporary	Manu Tyna	(Saa addi	tional page)
Kesponsibil	c i cison s	L-IIIA	u	НАССР	- Wienu Type	, (See uuur	nonui puge)
Certified F	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
chele t	homp	osc	on			<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 "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 p	printed):	Inspected by (name and title pr	rinted):		
•		•		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 Retro		ico			ephone Number 12-559-0909	Date of Insp (mm/dd/yr))	ID# 499
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	1 (_	12-539-0909 12-631-3088	07/31	/2023	400
	<u> Nev</u>	vto	n St Suite C, Jasper, IN, 47546	ď	12-631-3088			
Owner Ronica	a Mak	ί		L	pose: Routine	Follow-up No		10/2023
Owner's Ad					Follow-up	Summary	of Violation	18:
		S	trasse, Jasper, IN, 47546		Complaint	2	() (
Person in C Migue		illa	S		Pre-Operational	c_ _ _	$_{\rm NC}$	<u> </u>
Responsible				=	Гетрогату	Menu Typ	e (See addir	tional page)
					HACCP			
Gertified Food Handler Galdino Cruz exp. 12/13/2027					Other (list)	1 <u></u> 2	<u></u>	<u>/4</u> <u>5</u> <u>5</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED 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
345	С		Observed handwashing sink in kitchen a	ınd l	oar area being us	sed for	Cor	rrected
			other purposes than har	ndw	ashing.			
177	С		Observed containers of food in walk-in cool	ler a	nd boxes of tortill	a chips	08/1	10/2023
			being stored on the floor by ba	ick	receiving door.			
Received by	(name and	title 1		-	rected by (name and title promperlee	rinted):		
Received by	(signature)):		Inspe	ected by (signature):			
cc:			сс:			cc:		



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Establishmo Penn		ion	East Coast Subs #387	Telephone Number (812-481-8088	Date of Inc (mm/dd/yr	·)	ID# 502
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) St, Jasper, IN, 47546	(502-640-6474	01/10)/2023	002
Owner Patricl	k Han			Purpose:	Follow-u		e Date 20/2023
Owner's Ad		313	3, Louisville, KY, 40270	Follow-up	Summary	of Violation	is:
Person in C	harge			Complaint Pre-Operational	$\frac{1}{c}$	$_{\rm NC}$ ($\binom{1}{R}$
Kari B				Temporary	Mana Tan	(C 11:	4:1
Responsible	e Person's	E-ma	11	П НАССР	Menu Tyj	oe (See addi	tonal page)
Certified Fo			exp. 12/15/2027	Other (list)	102	<u></u>	<u>)</u> 4 <u>O</u> 5 <u>O</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
345	С		Observed dishes being stored in han			07/2	20/2023
			compartment sink in kitchen, preve	enting employees f	rom		
			properly washing h	nands.			
Received by	(name and	title p		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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Crank		26	Family Restaurant	Telephone Number () Establishment	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	 	07/14	/2023	523
			Jasper, IN, 47546	765-376-5241			
Owner			. ,	Purpose:	Follow-up		se Date
Besim	_			Routine	No	07/	24/2023
Owner's Ac		ailli	on Dr, Covington, IN, 47932	Follow-up	Summary	of Violation	ns:
Person in C		111111	on Dr. Covingion, IIV, 47 932	Complaint		(0_{R}
Besim	_	İ		Pre-Operational	c	NC_	R
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For Besim			7/7/2028	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE 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	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
			OK to operate	ə.			
			·				
Received by	(name and	title r	printed):	Inspected by (name and title p	rinted):		
	,	,		Kymberlee	,		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		N	LEGION POST 147		lephone Number 312-482-3862	Date of In (mm/dd/y	r)	ID# 3
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	1	312-482-3862	08/07	7/2023	
	<u> IEWT</u>	OI	N STREET, JASPER, IN, 47546					
		OI	F CLUB		rpose: Routine	Follow-u No		se Date 17/2023
Owner's Ac 1220 N		O	N STREET, JASPER, IN, 47546		Follow-up	Summary	of Violation	is:
Person in C	harge			╠═	Complaint Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC ($\bigcup_{\mathbf{R}} \bigcup_{\mathbf{R}} \mathbf{R}$
Elizab					Temporary			
Responsible	e Person's	E-mai	il	!	НАССР	Menu Ty	pe (See addi	tional page)
Certified Fo			exp. 11/13/2024		Other (list)	$1 \bigcirc 2$	<u></u>)4050
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	ИΜА	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	ie (of inspection.			
Received by	(name and	title p	*	•	ected by (name and title pr	inted):		
Received by	(signature)):			ected 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 HOLLAN		ERIO	CAN LEGION (HARMEYER POST #343)	Tele	ephone Number) Establishment	Date of Ins (mm/dd/yr)	ID# 4
			mber and street, city, state, zip code) STREET, HOLLAND, IN, 47541	⁽ 8	12-536-3096	08/16	/2023	
		FΤ	HE HOLLAND AMERICAN LEGION		pose: Routine	Follow-up No		e Date 26/2023
Owner's Ac		73,	HOLLAND, IN, 47541	=	Follow-up Complaint		of Violation	
Person in C		RI	CKETTS		Pre-Operational Femporary		NC_	$\frac{2}{R}$
Responsible	e Person's	E-ma	il	=	НАССР	Menu Typ	e (See addit	
Certified Fo			EXP. 11/21/2025		Other (list)	1 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	IARKI	ED "C"			
• VIOLATIO		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					orrected By
204	С	R	Observed water pooling on bottom of black					28/2023
418	NC		Observed personal employee items and un		ered drinks being	stored	02/1	16/2024
			in kitchen area	a				
234	NC	R	Observed cooking utensils being stored v	with	handles down ca	ausing	02/1	16/2024
			potential contamination f	fron	n hands.			
177	С		Observed prepared salad being stored unco	over	ed on contaminat	ed tray	08/2	28/2023
			in walk-in coole	er.				
Received by (name and title printed): Inspected by (name and title printed): Kymbo						inted):		
Received by (signature):					ected by (signature):			
cc:			cc:			cc:		



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Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Broth	ers C	3ru	ıb	812-683-2674	08/08		19
			mber and street, city, state, zip code)	(a. d. Owner	06/06	/2023	
	61H S	IK	EET, HUNTINGBURG, IN, 47542			•	
Owner Shad	MaDi	ırm	oon	Purpose:	Follow-up		e Date 18/2023
Owner's Ac		1111	IOH	Routine	_		
		TR	EET, HUNTINGBURG, IN, 47542	Follow-up		of Violation	_
Person in C			, , , , , , , , , , , , , , , , , ,	Complaint	2	NC Z	$\frac{2}{R}$
Angie				Pre-Operational	<u> </u>	NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
				Other (list)		\bigcirc_3	
Certified For Shad N			าท	Other (list)	1 2		<u>/405</u>
			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	rrected By
187	С	R	Several products on the cold holding salad	bar were above 41 d	egrees		8/2023
177	С	R	Pizza boxes stored on the floor by dougl	h maker, boxes of cl	neese		
			stored on the floor of the v	walk in cooler		08/1	8/2023
226	NC	R	Pizza topping table observed to have buil	Idup of liquid on the	oottom		
			shelf			02/0	08/2024
410	NC	R	The 2 main light fixtures in the pizza cooking	ng area do not have s	hields	02/0	08/2024
Received by	(name and	title j		Inspected by (name and title pr			
				Christina Pie	<u>erini</u>		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	GALC ent Addres W 110 KERS	s (nu)0	J BAR mber and street, city, state, zip code) S, FERDINAND, IN, 47532	Telephone Number (812-367-0644 (219-204-8655) Purpose: Routine Follow-up	Date of Ins (mm/dd/yr 08/25 Follow-up No	72023 Releas	22 e Date 04/2023
Person in C RIAN Responsible	Charge KERS e Person's ood Handle	ST E-ma	ah Dr, HUNTINGBURG, IN, 47542	Complaint Pre-Operational Temporary HACCP Other (list)	c_1	NC_(_
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N		
Section#	C/NC	R R	Narrative	not proporty labola	٦		orrected By 05/2023
438	C	K	Observed cleaning spray bottles	not properly labele	u.	09/0	15/2023
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		СТІ	EDNI CALOONI & FAMIL V DECTALIDANT		elephone Number	Date of In (mm/dd/y		ID#
			ERN SALOON & FAMILY RESTAURANT	3)	312-678-2591	08/28	3/2023	24
			mber and street, city, state, zip code) STREET, DUBOIS, IN, 47527		312-678-3161			
Owner DENN	IIS R.	TE	ERWISKE		rpose: Routine	Follow-u No		se Date 07/2023
Owner's Ad		<u> </u>	DOIC IN 47507		Follow-up	Summar	of Violatio	ns:
Person in C		טכ	BOIS, IN, 47527	Ļ	Complaint	\cap	() ()
BUTC				_	Pre-Operational	C	NC_	- R -
Responsible	e Person's	E-mai	il	H	Temporary HACCP	Menu Ty	pe <i>(See addi</i>	tional page)
Certified Fo				┢	Other (list)	.0.		\bigcirc
			SON EXP. 9/15/2027					<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at time	1e	of inspection.			
Received by	(name and	title p			pected by (name and title properties)	inted):		
Received by	(signature)) :			pected by (signature):			
cc:			cc:			cc:		



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			• •	•			
Establishme CASE		GI	ENERAL STORE #2385	Telephone Number (812-683-3414	Date of Ins (mm/dd/yr		ID# 25
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	()Owner	00/07	/2023	
Owner CASE	Y'S N	1 Al	RKETING COMPANY	Purpose:	Follow-uj		se Date 17/2023
	onvei	nie	nce blvd, ANKENY, IA, 50021	Follow-up Complaint	Summary	of Violation	
Person in C	da Su			Pre-Operational Temporary	C	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	ne (See addi	tional page)
Certified For Amano			ners exp. 7/24/2023	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</u>
• CRITICAL	LITEMS AF	E 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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
345	С		Observed several cans of drinks being sto	ored in hand sink by v	valk-in	08/1	17/2023
			cooler door, preventing employees fron	n properly washing l	hands.		
295	NC		Observed buildup of dust/dirt/food debris	on front, sides and	bottom	02/0	07/2024
			shelf of pizza topping rea	ach in cooler.			
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 CASE		GE	ENERAL STORE #3504	Telephone Number 812-367-0872	Date of Ins (mm/dd/yr	•)	то# 26
Establishm 2245	ent Addres MAIN	s (nu ST	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	()Owner	08/04	/2023	
Owner CASE	Y'S N	1AF	RKETING COMPANY	Purpose:	Follow-uj		e Date 14/2023
	onver	nie	nce blvd, ANKENY, IA, 50021	Follow-up Complaint		of Violation	_
Person in C Tama		re		Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	2 _R 1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	oe (See addii	ional page)
Certified Fo			xp. 10/28/26	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	D IN THE N	ARRATIVE	BELOW AS "R"				
Section#	C/NC	R	Narrative				rrected By
204	NC	R	Observed water pooling on bottom of pizz	za prep table where p	roduct	02/0)5/2024
			is being stored	d.			
310	NC		Observed buildup of dust/dirt/debris on f	fryer exhaust vents	above	02/0)5/2024
			fryers.	•			
			,				
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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				•			
	COL		E BLISS	Telephone Number (812-482-1617	Date of Insp (mm/dd/yr) 08/14/		32
110 E			mber and street, city, state, zip code) REET, JASPER, IN, 47546	⁽ 812-631-0190			
Owner ANN I	(NIES	3		Purpose:	Follow-up No		se Date 24/2023
	AISY	LΑ	NE, JASPER, IN, 47546	Follow-up Complaint	Summary	_	_
Person in C		3		Pre-Operational Temporary	c O	NC_	<u> </u>
Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addi	tional page)
Certified Fo			9/27/2026	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN		D IN THE N	ARRATIVE	BELOW AS "P"
				MANAGE OF VIOLETTIONS THE			
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
Received by	maine and]	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	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 GI #8				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID# 34
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	(812-678-5295	08/11/	2023	34
5498 I	E MA	IÑ :	STREET, DUBOIS, IN, 47527	⁶ 813-740-0422			
Owner		1 A N		Purpose:	Follow-up		e Date
Owner's Ac		IAI	NA LLC	Routine	No	_1	21/2023
		٩N	KLIN ST, TAMPA, FL, 33602	Follow-up	Summary o	f Violation	ns:
Person in C	harge			Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_) , ()
			NA LLC	Temporary	C		
Responsible	Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	or.		Other (list)	102	•),(),(),()
exemp		, 1			1 2 2	<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 "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.			
				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		NΓ	D-TOWN SUNOCO #59	Telephone Number (812-367-2666	Date of Insp (mm/dd/yr)		ID# 40
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	()Owner	08/21/	/2023	40
1540 N	MAIN	ST	REET, FERDINAND, IN, 47532	513-367-9905			
Owner HAWKS	TONE	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Purpose:	Follow-up No		e Date 31/2023
Owner's Ac				Follow-up	Summary	of Violation	is:
9171	DRY F	OF	RK RD, HARRISON, OH, 45030	Complaint	1		<u> </u>
Person in C	_	ASS	SOCIATES INC/DBE TRIUMPH ENERG	Pre-Operational	c	NC_) _R U
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addii	tional page)
				HACCP			
Certified Fo			9-11-2023	Other (list)	1 <u>U</u> 2 <u>U</u>	<u>3</u>	<u> 405</u>
• CRITICAL	ITEMS AR	E IDI	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	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
177	С		Raw bacon being stored above ready to eat	t product in the walk in	cooler	09/0)1/2023
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
	(manie una			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 FERII		D-I	NTERSTATE SUNOCO #60	Telephone Number (812-367-1138	Date of Ins (mm/dd/yr	o)	ID# 41
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(_ ,)Owner	08/21	/2023	
Owner	Allve	, , ,	TEET, I ENDINAND, IN, 47 332	Purpose:	Follow-u	n Releas	a Data
HAWKS		ASS	SOCIATES INC/DBE TRIUMPH ENERG	Routine	No		31/2023
Owner's Ac 9171 [- 0	RK RD, HARRISO, OH, 45030	Follow-up Complaint	Summary	of Violation	
Person in C	harge			Pre-Operational		$_{\rm NC}$ 2	<u>′</u> , 1
Lorina	Hols	ma	an		·	. NC	_ K
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addii	ional page)
				HACCP			
Certified Fo			9-11-23	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>/4</u> <u>5</u> <u>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 "SUN	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 food on the	e shelf for retail.		08/3	31/2023
418	NC		Observed no designated employee food/o	drink section in doub	le door	02/2	21/2024
			reach in cooler under to	pping table.			
295	NC	R	Observed buildup of dust/dirt/debris on ce	eiling vent and tiles b	y fryer	02/2	21/2024
			and dishwashing	area.			
Received by	(name and	title j	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

Establishme CIRC		 S"	MART #33	Telephone Number (812-367-2351	Date of Ins (mm/dd/yr))	ID# 44
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(a.)Owner_ a.a.=	08/04	/2023	
Owner C & S				Purpose: Routine	Follow-up NO		e Date 14/2023
Owner's Ad		39	TELL CITY, IN, 47586	Follow-up	-	of Violation	
Person in C	harge	<u>, , , , , , , , , , , , , , , , , , , </u>	1222 3111, 111, 17 333	Complaint Pre-Operational	c_2	NC_C	$\frac{1}{2}$
Responsible		E-ma	il	Temporary HACCP	Menu Typ	e (See addit	ional page)
Certified Fo			d 7-29-2023	Other (list)	102	<u>3</u>	04050
• 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
177	С	R	Observed boxes of cups being stored on the				4/2023
191	С	R	Observed several ready to eat foods in do			08/1	4/2023
		<u> </u>	chewing tobacco is stored, to not h	nave a dating syste	∍m.		
		<u> </u>					
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)	1:		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					lephone Number	Date of Ins (mm/dd/yr		ID#	
			MACY #6871 (FERDINAND)	(8	312-367-2030		, /2023	49	
			mber and street, city, state, zip code) PARK DRIVE, FERDINAND, IN, 47532	4	101-770-5324	00/04	72023		
Owner HOOK	(- SU	IPE	ERX, LLC.		rpose: Routine	Follow-up		te Date 14/2023	
Owner's Ac			······································		Follow-up	_	of Violation		
ONE CVS	S DRIVE	, M <i>A</i>	AIL CODE #1160, WOONSOCKET, RI, 02895		Complaint	Summary	or violation) (
Person in C				⊨	Pre-Operational	$C_{\mathbf{U}}$	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$	
Antho	ny Ca	este	ello	—	Temporary		. 110		
Responsible	e Person's	E-mai	il	=	HACCP	Menu Typ	e (See addi	tional page)	
				=	i 1				
Certified For Exemp		er		_	Other (list)	1 2	<u>3</u>	<u>/45_</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	KED "C"				
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUR	ММА	ARY 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):	Insc	pected by (name and title pr	inted):			
					ymberlee				
Received by	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		R۱	/IACY #6878 (JASPER)	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#	
			mber and street, city, state, zip code)	(812-482-3300)	08/04/2	2023	50	
			H STREET, JASPER, IN, 47546	⁽ 401 ⁻ 770-5324				
Owner HOOK	(- SU	IPF	ERX, LLC.	Purpose: Routine	Follow-up		e Date 14/2023	
Owner's Ad				Follow-up				
		, M	AIL CODE #1160, WOONSOCKET, RI, 02895	Complaint	Summary of	violation	is:	
Person in C ANGE		AY	FR	Pre-Operational	$_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}} \mathbf{U}$	
Responsible				Temporary	Menu Type	(See addi	tional page)	
				НАССР				
Certified Fo		er		Other (list)	1 2	<u>)</u> 3 <u>C</u>	<u>)4</u> 050	
-		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	
			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:			cc:		cc:			
1					1			



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

Establishm WES		Ε	DAIRY QUEEN & OJ	Telephone Number (812-482-2766	Date of Inc (mm/dd/yr	·)	1D# 52
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	(812-634-9588	00/02	2/2023	
Owner PHYL	LIS S	TE	NFTENAGEL	Purpose:	Follow-u No		se Date 12/2023
	STAC	ΈY	LANE, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C	<u>LIĔ P</u>			Pre-Operational Temporary	c_1	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Tyj	oe (See addi	tional page)
Certified For Natalie			024	Other (list)	102	<u></u>	04050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	NS MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
177	С		Observed boxes being stored on the fl	oor in back kitchen pre	p area.	08/	14/2023
Received by	(name and	title j	L printed):	Inspected by (name and title p	orinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:	<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

Establishm	4 NI			T-1 N	Date of Ins	n a ation	ID #
		1 C)F JASPER	Telephone Number (812-482-6000)	(mm/dd/yr)	1D# 53
			mber and street, city, state, zip code) STRASSE, JASPER, IN, 47546	⁽ 812-661-7836	00/09	72023	
Owner KALA	INC.			Purpose:	Follow-up No		se Date 19/2023
Owner's Ac				Follow-up	Summary	of Violation	1S:
2011	Andei	'SO	n Road, Newburgh, IN, 47630	Complaint	<u> </u>	_	_
Person in C	Charge			Pre-Operational	$_{\rm c}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
P				НАССР			
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I 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 tim	ne of inspection			
			TVO VIOLATIONIS OBSERVED AL TIM	io oi iriopeotiori.			
			**Under going name/brand change will che	eck back with manage	er after		
			October 1 for updated certified				
			Colober 1 for apacted certified	a rood manager.			
Received by	(name and	l title	,	Inspected by (name and title p	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 DENN		#6	 8878	Telephone Number (812-482-6006)	Date of Ins (mm/dd/yr))	ID# 55
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(40)Owner	08/02	/2023	33
3850 N	NEWT	10	N STREET, JASPER, IN, 47546	⁽ 480-722-9196			
Owner TLIN,	LLC			Purpose: Routine	Follow-up No		12/2023
Owner's Ad			U 01 404 MEOA AZ 05045	Follow-up	Summary	of Violation	is:
		SW	alk, Ste 131, MESA, AZ, 85215	Complaint	1	1	2
Person in C Curstic		ore	e.	Pre-Operational	C	NC_1	R
Responsible				Temporary	Menu Typ	e (See addii	tional page)
				HACCP			
Certified Fo			exp. 1/11/2026	Other (list)	1 <u>U</u> 2		<u>/4</u> <u>5</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 "SUM	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 utensils being stored in han	nd sink at end of co	okline	08/1	14/2023
			preventing employees from properties	erly washing hand	s.		
295	NC	R	Observed buildup of dust/dirt/food debri	s on fronts and han	dles of	02/0)2/2024
			fridges on cookli	ine.			
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 410 U Owner Sam D Owner's Ac	ent Addres S 231 Duvall dress ncoln harge Acgui	A\ re	PIZZA mber and street, city, state, zip code) , JASPER, IN, 47546 ve, Charleston, IL, 61920 ii	(8) (4) Pur	ephone Number 12-634-9897 17-766-0493 pose: Routine Collow-up Complaint Pre-Operational Cemporary HACCP Other (list)	Follow-u No Summary	r) 1/2023 p Releas	14/2023 as: R
			xp 9/16/2026			1		<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
• VIOLATIO Section#	ON(S) REPE	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	MMAF	RY OF VIOLATIONS" AN	D IN THE N		orrected By
Section#	C/IC	K	No violations observed at tim	ne c	f inspection		10 Be Co	Trected by
			140 Violationio obdel vod at till	100	поросноп.			
Received by	(name and	title p		_	cted by (name and title pr	inted):		
Received by	(signature):		_	cted 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 EAST		١R	ECREATION CENTER INC.	Telephone Number 812-481-2695	Date of Ins (mm/dd/yr)	1D# 64
			mber and street, city, state, zip code) ADS AVENUE, JASPER, IN, 47546	(04)Owner 4 0005	08/09	/2023	
Owner PAUL	AND	Sl	JSAN LEMOND	Purpose:	Follow-uj		se Date 19/2023
Owner's Ac		' 01	, JASPER, IN, 47547	Follow-up Complaint	Summary	of Violation	
	AND		JSAN LEMOND	Pre-Operational Temporary	c_ U	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			exp. 10/8/2025	Other (list)	102	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</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	orrected By
			No violations observed at time	ne of inspection.			
Paggive 11	/ (noma 1	+;+1 -	printed).	Inspected by (name 1 titl	rintad):		
Received by	(name and	шие ј		Inspected by (name and title properties) Kymberlee	inieu):		
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

	ANIC		PROCESSING, INC.	Telephone Number (812-367-2073	Date of Ins (mm/dd/yr)		1D# 75
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	⁽ 812-639-3104	00/04/	2023	
		P	AULA GOGEL	Purpose: Routine	Follow-up No		e Date 14/2023
	FERD	INA	AND RD. E, FERDINAND, IN, 47532	Follow-up Complaint		of Violation	_
	AND		AULA GOGEL	Pre-Operational Temporary		NC_	
Responsible				HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Fo			l exp. 7/19/2027		12	<u> </u>	74050
• 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 "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.			
				•			
	ļ						
Received by	(name and	l 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

Establishm HAM		۱I	NN	Telephone Number (812-481-1888	Date of Insp (mm/dd/yr)		ID# 86
			mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-630-1355	06/09/	2023	
Owner HAMF	PTON	IN	N	Purpose:	Follow-up No		ne Date 19/2023
	RD A'	VΕ	NUE, JASPER, IN, 47546	Follow-up Complaint	_ `	of Violation	_
Person in C	PTÖN			Pre-Operational Temporary	c <u>0</u>		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			DOVAL 1/29/2026	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	L ITEMS AR	E IDE	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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Dagaiyad by	y (manna and	title s	ariata d\.	Inspected by (name and title m	intad):		
Received by	(name and	uue j	onnica).	Inspected by (name and title properties) Kymberlee	inteu):		
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 TIEN		10	RA INCORPORATED	Telephone Number (812-686-2806	Date of Ins (mm/dd/yr		ID# 93
			mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	⁽ 812-630-4247	06/10	/2023	
Owner JOSE	MIRA	١N	DA	Purpose: Routine	Follow-uj		se Date //26/2023
	E 4TH	l S	TREET, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C JOSE	MIRA			Pre-Operational Temporary	C		2 _R 2
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			H/8/2024	Other (list)	102	<u>3</u>)4050
• CRITICAL	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 "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	R	Observed no hand soap at handwashing	<u> </u>	loyees	Co	rrected
			from properly washin	g hands.			
192	С	R	Observed expired food, cheeses, yogurt, for retail in standup coolers.				28/2023
324	NC		Observed drain/pipe to 3-compartment sir	nk to be leaking and i	n need	02/1	16/2024
			of repair.				
Received by	I (name and	title j		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

Establishmo			20DS #3	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			DODS #3 mber and street, city, state, zip code)	812-367-1771	08/04/2	2023	94
			REET, FERDINAND, IN, 47532	⁽ 812-660-0608			
Owner JOSH	WINI	KLI	ER	Purpose: Routine	Follow-up NO		e Date 14/2023
Owner's Ac		calf	f, Dale, IN, 47523	Follow-up	Summary of	Violation	ns:
Person in C		-	,,,	Complaint	1	NC () , 1
Sue	J			Pre-Operational	<u>c</u>	NC_	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	10^{2}	$)_3$	$_{4}\bigcirc_{5}\bigcirc$
			_DING 9/27/2027		1	<u> </u>	<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 "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		7		rrected By
192	С	R	Observed expired yogurt on the	ne shelf for retail.		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

Establishm HOLI		IN	IN EXPRESS	Telephone Number (812-482-3344	(mm/dd/vr)			
Establishm 2000 H	ent Addres 10SPI	ss (nu TA	mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	(770-904-5220	06/14	/2023		
Owner MADH	AVA	P/	ATEL	Purpose:	Follow-up No		se Date 24/2023	
Owner's Ac		٩N	E, S BARRINGTON, IL, 60010	Follow-up Complaint		of Violation		
Person in Co	charge a Tho	orn	ton-Watkins	Pre-Operational	c_1	NC_	J _R 1	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified Fo			exp.	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>	
• CRITICAL	ITEMS AF	RE IDI	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 N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
118	С	R	Observed facility to not have a certifie	ed food manager or	n staff.	08/2	24/2023	
Received by	(name and	l 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

Establishme) C	OF DUBOIS, INC.	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-678-2772	08/11/	2023	103
			STREET, DUBOIS, IN, 47527	⁽ 812-631-2973			
Owner	D = ====	ء. ما د		Purpose:	Follow-up		se Date
Chad		nr		Routine	No	U8/	21/2023
Owner's Ac 7265 E		nel	Iville Rd, Schnellville, IN, 47580	Follow-up Complaint	Summary of		
Person in C	harge			Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_) , 1
Chad	Perso	hr	1	Temporary	\	NC	_ K
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	$1 \circ 1 \circ$	7,6),()
			erl exp 12/19/2024			<u></u>	<u> </u>
• CRITICAL	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIC	N(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
438	С	R	Observed cleaning spray bottles in kito	chen not properly la	beled.	Co	rrected
Received by	(name and	title		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
					1		
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 HUC		33	9	Telephone Number (812-683-5566	Date of Inspection (mm/dd/yr)		10 # 105		
			mber and street, city, state, zip code)	1	08/07	/2023	103		
			REET, HUNTINGBURG, IN, 47542	618-382-2334					
Owner MART	IN &	RΑ	YLEY INC.	Purpose: Routine	Follow-up Yes		te Date 17/2023		
Owner's Ac		<u> </u>	TEET IIIO:						
		ΙΑΙ	N STREET, CARMI, IL, 62821	Follow-up Complaint	-	of Violation			
Person in C		٦r		Pre-Operational	_C 3	NC_	$\frac{2}{R}$		
Responsible			:1	Temporary	Manu Tyr	e (See addit	tional naga)		
Kesponsible	e i cison s	L-IIIA		НАССР	Wichu Typ				
Certified F			0.4.4.0.40.000	Other (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$		
Jessie Priller exp. 01/19/2026									
• CRITICAL	LITEMS AR	E IDE	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		
296	С	R	Observed excess buildup of food debris or	n pizza chain and in r	need of	08/1	17/2023		
			cleaning.	cleaning.					
433	NC		Observed mops not being h	Observed mops not being hung up to dry.					
297	NC	R	Observed excessive buildup of dust/dirt/food	d debris on multiple s	urfaces	02/0	7/2024		
			throughout the fac	cility.					
192	С	R	Observed several expired food items in	coolers throughout	facility	08/1	17/2023		
			for retail.						
415	С	R	Observed several live cockroaches throu	ughout kitchen area,	under	08/1	17/2023		
			freezers, around wash mach	nine and fryers.					
			**Requested management contact pest co	ontrol immediately fo	r all of				
			us to meet and discuss action plan for	or controlling cock	roach				
			situation**						
					-				
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

Establishme			_	Telephone Number	Date of Insp (mm/dd/yr)		ID#
HUC	<'S#	33	9	812-683-5566	08/16		105
			mber and street, city, state, zip code)	(0.4.)Owner 0.000.4	00/10/	2023	
	MAIN	SI	REET, HUNTINGBURG, IN, 47542				
Owner	INI Q		YLEY INC.	Purpose:	Follow-up NO		e Date 26/2023
Owner's Ad		DΡ	ATLET INC.	Routine			
		ΙΑΙ	N STREET, CARMI, IL, 62821	Follow-up Complaint	Summary	of Violation	ns:
Person in C	harge		, ,	Pre-Operational		NC () , 1
Jessie	: Prille	er			L	NC	<u></u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	ional page)
				Other (list)			
Certified Fo			xp. 01/19/2026		1 <u></u> 2 <u>1</u>	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
415	С	R	Observed live cockroaches throughout kitc	hen area, around frye	ers and	08/2	28/2023
			dishwashing are	ea.			
			Ŭ				
			**Facility did get approval to have technicia	n treat onsite weekly i	n order		
			resolve issue.	-			
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

	ΓING		JRG COUNTRY CLUB INC.	Telephone Number (812-683-3376) 08/07/2023				
			mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	⁽ 812-683-3376	00/07	72023		
Owner MEME	BERS	0	F CLUB	Purpose: Routine	Follow-up No		e Date 17/2023	
Owner's Ac		o s	TREET, HUNTINGBURG, IN, 47542	Follow-up	-	of Violation		
Person in C	harge		, , , -	Complaint	2	NC ($\frac{1}{R}$	
Ann B	enne ⁻	tt		Pre-Operational Temporary	L	NC	K	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addii	tional page)	
Certified Fo			20/0004	Other (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$	
ann be	ennett	1/2	23/2024					
• 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 N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
177	С		Observed bag of onions being stored on	the floor by storage	room.	08/1	7/2023	
191	С	R	Observed several food items in fi	ridges without date	s.	08/1	7/2023	
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 JASP		ΛA	RATHON (D-ROCK INC)	Telephone Number (812-482-5259)	Date of Ins (mm/dd/yr)		ID# 114
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(0.4)Owner 0 - 4.0 4	06/09/	/2023	
Owner DERE	K AN	D (CONNIE JONES	Purpose: Routine	Follow-up No		te Date 19/2023
	ELLB	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. 3/2027	Other (list)	102	<u>3</u>	<u>0</u> 4 <u>O</u> 5 <u>O</u>
• CRITICAL	ITEMS AF	E IDI	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 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 2507 N	ER N ent Addres NEWT	os (nu O	OOSE LODGE #1175 mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	Purpose:	Date of Inspe (mm/dd/yr) 08/07/2	2023 Releas	
Owner's Ac 2507 N	Idress NEWT Charge NLW Person's	ON INI E-ma	F CLUB N STREET, JASPER, IN, 47546 INGER	Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	No Summary of C Menu Type	Violation NC	ional page)
• CRITICAL	Chan . ITEMS AR	dle E IDE	r Jr exp. 12/17/2025 Entified in the checklist and narrative columns makes from previous inspections are denoted in the "sui		D IN THE NAI		
	` '			The state of the s			
Section#	C/NC	R	Narrative		1		rrected By
177	NC	R	Observed boxes being stored on the	floor in walk-in fre	ezer.	02/0	7/2024
Received by				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

Establishmond 1013 4	PER S ent Addres 4TH A	s (nu	ATE PALACE, INC. mber and street, city, state, zip code) ENUE, JASPER, IN, 47546 STEPHANIE RAWLINS	Telephone Number (812-482-4565) (317-224-7808) Purpose:	Date of Inspe (mm/dd/yr) 08/26/2 Follow-up	2023 Releas	117 117 e Date 05/2023
Owner's Ac		<i>y</i>	OTETIANIE NAVIEINS	Routine	G (
		Ή.	AVENUE, JASPER, IN, 47546	Follow-up Complaint	Summary of		
Person in C	harge		, ,	Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC_	$\begin{bmatrix} & & 1 \end{bmatrix}$
amy s				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	ar		Other (list)	10,0),(),(),()
N/A	oou manun	.1			1 22	<u></u>	<u> 4030</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"	<u>. </u>		
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	o Be Co	orrected By
355	NC	R	Facility has no serv	ice sink		02/2	26/2024
Received by	(name and	titlo -	arinted):	Inspected by (name and title p	rinted):		
Received by	(name and	i uue]	onnea).	Christina Pie			
Received by	(signature)):		Inspected by (signature):	<u>- </u>		
	/			, , , , ,			
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 Nama			Telephone Number	Date of Insp	action	ID#
		ME	ASSOCIATION (KNIGHTS OF COLUMBUS)	(812-482-4292	(mm/dd/yr)		118
			mber and street, city, state, zip code) REET, JASPER, IN, 47546	⁽ 812-482-4292	00/10/	2023	
Owner			F THE CLUB	Purpose:	Follow-up		se Date 28/2023
Owner's Ac 201 E		l S	TREET, JASPER, IN, 47546	Follow-up Complaint	Summary o		
Person in C	Charge			Pre-Operational	$c \overline{0}$	NC_($\frac{1}{R}$
Responsible				Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo			R GENCO 11/19/2024	Other (list)	102	<u>3</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 NA	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:			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			INDINIO	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			ENDING	812-482-3995	08/02/	2023	124
			mber and street, city, state, zip code) NG ROAD, JASPER, IN, 47546	⁽ 812-661-8602	00,01		
Owner DAN S	SMITH	4		Purpose: Routine	Follow-up No		te Date 12/2023
Owner's Ac				Follow-up	Summary o	f Violation	1S:
		Κl	D 775 E, STENDAL, IN, 47585	Complaint	2	() 1
Person in C Nancy	_	ey		Pre-Operational	c_2	/ R	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
G (C IE	177 11			Other (list)	.0.0		\bigcirc
Certified For Nancy			exp. 10/19/2027		1 <u>0</u> 2 <u>0</u>	<u>3</u> C	<u>/405</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• 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			Го Ве Со	orrected By
177	С	R	Observed several boxes being stored on	the floor in walk-in for	reezer.	08/1	14/2023
438	С		Observed chemical spray bottles	not properly labele	ed.	08/1	14/2023
Received by	(name and	title		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

Establishm	SUF ent Addres	s (nu	R BUFFET 88 INC mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	Telephone Number (812-634-2288 (917-306-5573)	Date of Income (mm/dd/yr		1D# 126
Owner Jin Fe				Purpose: Routine	Follow-u		e Date 12/2023
Owner's Ac		n S	Strasse Apt. 4, Jasper, IN, 47546	Follow-up		of Violation	
Person in C	harge		· ·	Complaint Pre-Operational	$\frac{1}{2}$		$\frac{3}{1}$
Jin Fe			U	Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Tyj	pe (See addii	ional page)
Certified Fo			g exp. 5/16/2024	Other (list)	$1 \bigcirc 2$	\bigcirc_3	0_4 0_5
			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	rrected By
216	NC		Observed cardboard lining top sh	nelf in walk-in coole	er.	Coi	rected
199	NC		Observed raw meat being thawed at room	om temperature inst	tead of	02/0	2/2024
			with running cold water or un	der refrigeration.			
187	С		Observed sushi on salad bar to not be he	eld at proper tempera	ture of	08/1	4/2023
			41 degrees Fahrenheit	or below.			
213	NC		Observed ice machine to not have all su	urfaces smooth and	easily	02/0	2/2024
			cleanable (woo	d).			
191	С	R	Observed multiple items in walk-in cooler	not dated stating who	en they	08/1	4/2023
			were prepared or when	to discard.			
Received by (name and title printed): Inspected by (name and title printed): 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 3121 N Owner ROGE Owner's Ac	ER AN	ON ON	SARS PIZZA mber and street, city, state, zip code) N STREET, JASPER, IN, 47546 JANET AKERS LAWRENCEVILLE, IL, 62439	Telephone Number (812-556-5005 (618-928-1601 Purpose: Routine Follow-up Complaint Pre-Operational	Date of Insperimental Market 1987/22 1987/20 1987/20 1987/20 1987/20 1987/20 1	2023 Releas 08/	1D# 127 e Date 17/2023
Roger		-		Temporary		/C 11:	
Responsible	e Person's	Ŀ-ma	11	НАССР	Menu Type		
Certified Fo			RS EXP. 12/13/2027	Other (list) 	1 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	ARKED "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		Ţ.	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

	OS C		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	(04) William 5004	00/11	/2023	
Owner RAMII	RO LI	ΞΟ	N	Purpose: Routine	Follow-uj		e Date 21/2023
	RACE	S	T, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	<u>RŎ LI</u>			Pre-Operational Temporary	<u>c_U</u>	NC_(
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addi	tional page)
Certified For Ramiro			xp. 4/11/2024	Other (list)	1 <u>0</u> 2	<u> </u>	<u>)4050</u>
• CRITICAL	LITEMS 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
232			Observed cardboard lining the shelv	es in the walk in c	ooler	02/1	12/2024
			•				
Received by	(name and	title 1	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

Establishme MAIN		٩K	ERY	Telephone Number () Establishment	Date of In (mm/dd/yr	r)	10# 134
			mber and street, city, state, zip code) ON STREET, HUNTINGBURG, IN, 47542	(270-231-7478		5/2023	
Owner JIM M	AIN			Purpose:	Follow-u No		e Date 26/2023
Owner's Ad 501 N V		NG	TON ST, HUNTINGBURG, IN, 47542	Follow-up	l _ `	of Violation	
Person in C	harge			Pre-Operational	c_2	NC_	<u>R</u> 2
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Ty	pe (See addii	ional page)
Certified Fo			N EXP. 1/19/22	Other (list)	1 2	<u></u>)4050
• CRITICAL	ITEMS AR	E IDI	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							
Section#	C/NC	R	Narrative	orio on donut occo	flooro		orrected By
296	С	R	Observed severe buildup of dust/dirt/deb		, HOOIS,	06/2	28/2023
118	С		walls and equipment through Observed no certified food manager on sta		months	11/1	16/2023
110			to obtain certifica	•	1110111113	1 1/ 1	0/2020
310	NC	R	Observed severe buildup of dust/dirt/deb		need of	02/1	16/2024
			service on fryer exhaus				
Received by	(name and	title 1	orinted):	Inspected by (name and title	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

	VES1		AFÉ & MARKET	Telephone Number (812-482-5115	Date of Insp (mm/dd/yr)		10# 142
Establishm 1102 N	ent Addres VEWT	ss (nu Ol	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(0.4.)Owner 0.000	00/30/	2023	
		G/	ABHART	Purpose: Routine	Follow-up No		se Date 09/2023
	JUST	IN	STREET, JASPER, IN, 47546	Follow-up Complaint	Summary		
	CAS		DY-GABHART	Pre-Operational Temporary	c_ U	NC_(
Responsible			il 	HACCP Other (list)	Menu Type	e (See addi	tional page)
Certified F			RTZ EXP 3/15/2026		1 <u>0</u> 2 <u>1</u>	<u>3</u>	<u> </u>
• CRITICAI	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			
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:			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 MOR		 ≀ L	ESS		ephone Number 1 2-683-24 05	Date of Ins (mm/dd/yr	.)	10# 147
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)			08/07	7/2023	1 17
	MAIN	STI	REET, HUNTINGBURG, IN, 47542		12-630-8301			
Owner WAYN		NG			rpose: Routine	Follow-uj		ne Date 17/2023
Owner's Ad		/ R	IDGE, HUNTINGBURG, IN, 47542		Follow-up	Summary	of Violation	IS:
Person in C			IDOL, HONTINOBONO, III, 47342	▝	Complaint	_ 1	NC_1	_ 1
WAYN		NG		=	Pre-Operational	C	NC	R
Responsible	Person's	E-ma	il	=	Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo				=	Other (list)	10	\bigcirc),()()
			11/21/2027			1 <u>0</u> 2	<u> </u>	<u>′4030</u>
• 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 "SUM	MMAI	RY 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 can o	n th	ne shelf for retai	il.	Cor	rrected
295	NC		Observed buildup of dust/dirt/debris on co	nde	nser fan in dairy v	walk-in	02/0	7/2024
			cooler.					
Received by	(name and	title p		_	ected by (name and title pr /mberlee	inted):		
Received by	(signature)):		Inspe	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	ALAF	s (nu	NO INC. mber and street, city, state, zip code)	(8	12-683-4048 106-224-2424	Date of Ins (mm/dd/yr 08/08)	10# 148
1107 N Owner SUSA			REET, HUNTINGBURG, IN, 47542	Pu	rpose:	Follow-uj		e Date 18/2023
Owner's Ac 240 C	ddress reek Charge	Dri	ve, HULL, GA, 30646		Follow-up Complaint Pre-Operational	Summary	of Violatior	
Responsible Certified Fo	e Person's	E-ma			Temporary HACCP Other (list)			tional page)
			Z EXP. 1/21/2026 ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "C"	1	<u> </u>	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN T Section# C/NC R Narrative								BELOW AS "R"
344	С		Hand sink was being blocked and	-	nahle to he use	d		21/2023
204	С		Aprons were being stored in th			u		rrected
226	NC		Single door fridge on cook line has water b			n shelf		08/2024
217	NC	R	Observed unapproved bags being		•			08/2024
	110		Observed anapproved bags being		<u> </u>	, go	02/0	70/2021
Received by	(name and	title p			ected by (name and title pr 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		ר			Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			CONVENIENCE		812-389-2898	08/23/2	2023	154
			nber and street, city, state, zip code) BIRDSEYE, IN, 47	7513	⁽ 812-631-1275		-0-0	
Owner JUDIE	GUE	OG	ER		Purpose: Routine	Follow-up NO		se Date 02/2023
Owner's Ac		IPS	BANK RD, BIRDSE	/E, IN, 47513	Follow-up Complaint	Summary of	f Violation	is:
Person in C					Pre-Operational	$\frac{1}{c}$	NC ($\bigcup_{\mathbf{R}} \mathbf{U}$
ANGE					Temporary			
Responsible	e Person's	E-ma	il		НАССР	Menu Type	(See addii	ional page)
Certified Fo			exp. 12/31/2022	Other (list)	$1\bigcirc 2$	<u>)</u> 3 <u>©</u>)4050	
			ENTIFIED IN THE CHECKLIST AND N.	ARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARI	E DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative		1	Го Ве Со	orrected By
118	С		Observed facility to no	have a certifie	ed food manager or	n staff.	11/2	23/2023
Received by	(name and	title 1	printed):	Ī	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		1 . 1	N		ephone Number	Date of Ins (mm/dd/yr		ID#
QUAL				8) [12-683-2334	08/07		162
			mber and street, city, state, zip code) STREET, HUNTINGBURG, IN, 47542	⁽ 8	12-661-7836	00,01		
Owner KAI A	НОТ	FI :	S GROUP LLC		pose: Routine	Follow-up No		se Date 17/2023
Owner's Ac			3 3.13 3.1	T	Follow-up		of Violation	
2011 A	NDEF	RSC	ON RD., NEWBURGH, IN, 47630	=	Complaint	Summary		
Person in C		1			Pre-Operational	c_ U	NC_	J _R U
Responsible			il	=	Temporary HACCP	Menu Typ	e (See addi	tional page)
				H	Other (list)		\bigcirc_3	
Certified For RITA			0/16/2023			1 2	<u>3</u>	<u>/4_5_</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					ED "C"			
• VIOLATIO	ON(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
			No violations observed at time	ne c	of inspection.			
Received by	(name and	title p			rcted by (name and title pr	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

Establishm SPU[U	NTRY MARKET, LLC.		Telephone Number (812-630-3469)	Date of Ins (mm/dd/yr)		179
			mber and street, city, state, zip code) I, JASPER, IN, 47546		⁽ 812-630-3469	08/17	/2023	
Owner TAMN	1Y SE	RI	MERSHEIM		Purpose:	Follow-up		e Date 27/2023
	W 180) N	I, JASPER, IN, 47546		Follow-up Complaint	Summary	of Violation	
	1Y SE		MERSHEIM		Pre-Operational Temporary	c_ U	NC_(
Responsible			il		HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified For TAMM			ERSEIM EXP. 3/19/24			12	<u> </u>	4050
• CRITICAI	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLU	UMNS I	MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrati				To Be Co	orrected By
			No Violations observed	at ti	me of inspection			
Received by	(name and	title j	Drinted):		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

							r
SPUE		OC	DD MART	Telephone Number (812-482-7031	Date of Ins (mm/dd/yr) 08/02	j	180
			mber and street, city, state, zip code) E ROAD 56, JASPER, IN, 47546	(04)0 where 0440		/2023	
Owner Joshu	a & B	roc	oke Sermersheim	Purpose:	Follow-up		ne Date 12/2023
	N 600) W	, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	<u>e Ser</u>		ersheim	Pre-Operational Temporary	C	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Brooke			sheim exp. 12/31/2022	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
• 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
177	С		Observed box of sausage patties being s	tored on the floor in v	walk-in	08/1	14/2023
			freezer.				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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

Establishme				Telephone Number	Date of Inspe	ection	ID#
			G 24-N-MORE	⁽ 812-481-1036	(mm/dd/yr) 08/02/2	2023	183
			mber and street, city, state, zip code) S, JASPER, IN, 47546	⁽ 812-482-5753	00/02/2	2023	
Owner STER	NBEF	RG	INC.	Purpose: Routine	Follow-up NO		e Date 12/2023
Owner's Ad 1781 h		23	1 S, JASPER, IN, 47546	Follow-up Complaint	Summary of	Violation	ns:
Person in C	harge		· · ·	Pre-Operational	c_ U	NC_	U_{R}
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo			3/15/2026	Other (list)	$1\bigcirc 2$	<u>)</u> 3 <u>(•</u>	<u>4</u> 050
• 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	To Be Co	rrected By
			No violations observed at time	ne of inspection.			
D : ::	, -			Y			
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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SUBI		Ll	_C (SUBWAY)	Telephone Number (812-482-4422)	Date of Ins (mm/dd/yr		10# 185
Establishm 2506 N	ent Addres VEWT	ss (nu Ol	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	() Owner	00/17	72023	
Owner CHIN	TU PA	٩TE	ΞL	Purpose: Routine	Follow-uj No		te Date 27/2023
Owner's Ac		SO	UTH, GREENWOOD, IN, 46142	Follow-up		of Violation	_
Person in C	harge			Complaint Pre-Operational	c_0	NC_	$\frac{2}{R}$
Responsible				Temporary	Manu Tru	o Coo addi	tional page)
Kesponsibio	e rerson's	E-ma	П	НАССР	Menu Typ	e (see aaan	nonai page)
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	L 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
257	NC		Prep fridges holding sauces and mea	nts missing tempera	ature	02/1	16/2024
			measuring device	ces			
351	NC		Trash can in the women's bathroom needs	a cover for sanitary re	asons	02/1	16/2024
				-			
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				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			Huntingburg	270-566-1749	08/28/2	2023	511
			mber and street, city, state, zip code) T, HUNTINGBURG, IN, 47542	⁽ 270-566-1749	00/20/2	-023	
Owner	1.0			Purpose:	Follow-up		e Date
		JSa	an Mann	Routine	No	09/	07/2023
Owner's Ac 3944		loll	ow Court, Jasper, IN, 47546	Follow-up Complaint	Summary of	_	
Person in C	harge			✓ Pre-Operational	CU	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
			an Mann	Temporary			
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addii	tional page)
Certified Fo	and Handle			Other (list)	10,0	$)_3$	\bigcirc
			exp. 08/22/2028		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 "SUR	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		T	o Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				-			
			**Ok to operate	**			
			On to operate	•			
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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				T			
	S AG		'ES MEXICAN GRILL	Telephone Number (812-998-2033	Date of Ins (mm/dd/yr		1D# 200
			mber and street, city, state, zip code) I., FERDINAND, IN, 47532	⁽ 812-899-1289		72023	
Owner RODO	DLFO	IV	AN AYALA	Purpose: Routine	Follow-uj		e Date 26/2023
Owner's Ac 206 CF		101	NT DRIVE, VINCENNES, IN, 47591	Follow-up Complaint	Summary	of Violation	
Person in C		ZQ	UEZ	Pre-Operational Temporary	C	NC_	RI
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addii	ional page)
Certified Fo			JEZ 04/20/2027	Other (list)	102	<u></u>	0_4 0_5
• 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 "SU	MMARY OF VIOLATIONS" AN	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
173	С	R	Observed raw chicken being stored above	ready to eat foods in	walk-in	Co	rrected
			cooler.				
217	NC		Observed frozen foods being stored in	bags unapproved f	or food	02/1	6/2024
			storage.	0 11			
Received by	(name and	title p		Inspected by (name and title p	orinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm CEDA		RES	ST INTERMEDIATE SCHOOL	Telephone Number - (812-817-0900 Date of Inspection (mm/dd/yr) 21				
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) Road 162, Huntingburg, IN, 47541	812-817-0900	08/21	/2023		
Owner			DUBOIS CO SCHOOL CORP	Purpose:	Follow-up		se Date 31/2023	
Owner's A	ddress		t., Ferdinand, IN, 47532	Follow-up	_	of Violation	ns:	
Person in C	harge			Complaint Pre-Operational	c_0	NC_	$\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{U}}$	
Responsible				Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified For			oley 01/19/2027	Other (list)	102	<u>3</u>)4050	
• 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 "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		414	· D	T (11 (100	· D			
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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Establishmo		\sim	UNTY SECURITY CENTER	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	+ 0 0 _ 0 0	08/09/	2023	224
255 B	rucke	St	rass, Jasper, IN, 47546	⁽ 812-482-3522			
Owner DUBC	IS C	ЭU	INTY SECURITY CENTER	Purpose:	Follow-up No		se Date /19/2023
Owner's Ad				Follow-up	Summary	of Violation	ns:
				Complaint	\cap	1	1 0
Person in C		ΗN	IARR	Pre-Operational	c_ U	NC_	I _R U
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
C C C	1 77 11			Other (list)	-	\bigcirc	\bigcirc
Certified For Christic			28			<u>3</u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
• VIOLATIO	N(S) REPE	ATEI	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
402	NC		Observed walls behind dishwashing area	and garbage disposa	al area,	02/0	09/2024
			serving line/hot and cold holding area, stove	e, mop sink and cart w	/ashing		
			room to not be smooth and easily cleanab	ole. Recommended in	staling		
			stainless steel splashguard	ds in all areas.			
			**Recommend totes with lids to store cod	king equipment unde	er prep		
			tables.**	<u> </u>			
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

Stublishment Address (aumber and street, city, state, zip code) S533 E S7. RAPHAEL ST, DUBOIS, IN, 47527 S12-678-2781	Establishme		: I C		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
ST. RAPHAEL ST, DUBOIS, IN, 47527 Owner NORTHEAST DUBOIS CO SCHOOL CORP Owner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527 Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail Certified Food Handler Krystal Mann exp. 7/27/2026 **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "STMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# No violations observed at time of inspection. Reserved by (name and title printed): Inspected by (name and title printed): Kymberlee					812-678-2251	08/11/	2023	225
NORTHEAST DUBOIS CO SCHOOL CORP Owner's Address 3379 E MAIN STREET, DUBOIS, IN, 47527 Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail Certified Food Handler Krystal Mann exp. 7/27/2026								
Onner's Address 5379 E MAIN STREET, DUBOIS, IN, 47527 Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail Certified Food Handler Krystal Mann exp. 7/27/2026 - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# No violations observed at time of inspection. Received by (name and title printed):		HEAS	ST	DUBOIS CO SCHOOL CORP				
Sara E MAIN STREET, DUBOIS, IN, 47527 Person in Charge Responsible Person's E-mail Certified Food Handler Krystall Mann exp. 7/27/2026 - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection. Reserved by (name and title printed): Received by (name and title printed): Inspected by (name and title printed): Kymberlee	Owner's Ac	ddress			 	Summary o		
Person in Charge NORTHEAST DUBOIS CO SCHOOL CORP Responsible Person's E-mail Responsib	5379 I	E MA	IN	STREET, DUBOIS, IN, 47527	=			
Responsible Person's E-mail Certified Food Handler Krystal Mann exp. 7/27/2026 Certified Food Handler Countries. I Tems are identified in the CHECKLIST AND NARRATIVE COLUMN MARKED "C" *VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection. No violations observed at time of inspection.			ST	DUBOIS CO SCHOOL CORP	Pre-Operational	c_U	NC_	J _R U
Certified Food Handler Krystal Mann exp. 7/27/2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS - Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection.	Responsible	e Person's	E-ma	il		Menu Type	(See addi	tional page)
Krystal Mann exp. 7/27/2026 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS ** Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection.								
VIOLATION(s) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Section# C/NC R Narrative To Be Corrected By No violations observed at time of inspection.				xp. 7/27/2026	Other (list)	1 <u>0</u> 2		<u> 1405</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	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
Received by (name and title printed): No violations observed at time of inspection.	• 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"
Received by (name and title printed): Inspected by (name and title printed): Kymberlee	Section#	C/NC	R	Narrative			To Be Co	orrected By
Kymberlee				No violations observed at tim	ne of inspection.			
Kymberlee								
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3	Received by	(name and	title p			rinted):		
Received by (signature): Inspected by (signature):					Kymberlee			
	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

					1		
Establishm DUB(ΛIE	DDLE SCHOOL	Telephone Number (812-678-2251	Date of Ins (mm/dd/yr)	j	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	00/11/	72023	
Owner NORT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-up No		e Date 21/2023
	E MA	IN	STREET, DUBOIS, IN, 47527	Follow-up Complaint	Summary	of Violation	
	HEAS		DUBOIS CO SCHOOL CORP	Pre-Operational Temporary	<u>c</u> <u>U</u>	NC_	
Responsible Certified Fo			ıl	HACCP Other (list)	Menu Typ	e (See addi	tional page)
			xp. 7/24/2023		1 <u>0</u> 2	<u>3</u>	<u> </u>
• CRITICAL	L ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE 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	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):		
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			
	ANIC		ELEMENTARY SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr) 08/21		1D# 227
			mber and street, city, state, zip code) , Ferdinand, IN, 47532	⁽ 812-817-0900	00/21/	2023	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		se Date 31/2023
Owner's Ad		ST	TREET, FERDINAND, IN, 47532	Follow-up Complaint	-	of Violation	
Person in C Debbi		ech	ler	Pre-Operational Temporary	c U	NC	$\frac{1}{R}$
Responsible	Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			nler 1/19/2027	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	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	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

	ESTI		RK JR-SR HIGH SCHOOL	Telephone Number (812-817-0900	Date of Ins (mm/dd/yr))	1D# 229
			mber and street, city, state, zip code) n St., Ferdinand, IN, 47532	(812-817-0900	00/21		
		ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up		e Date 31/2023
	15TH S	STR	REET, FERDINAND, IN, 47532-9199	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 Christi			exp 1/19/2027	Other (list)	1 2	<u>3</u>	<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 "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	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 HOLL) E	LEMENTARY SCHOOL	Telephone Number (812-536-2441	Date of Ins (mm/dd/yr)	1D# 230
			mber and street, city, state, zip code) IAN ST, HOLLAND, IN, 47541	(812-683-3971	08/16	/2023	
		ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-uj		e Date 26/2023
Owner's Ad		NSI	ET DRIVE, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	is:
Person in C	harge			Pre-Operational	c_0	NC_	$\frac{1}{R}$
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo	od Handle	er		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 "SUN	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.			
			**Eacility is in the process of undating	cortified food mana	oor **		
			**Facility is in the process of updating	cermed 1000 mana	iger.		
Received by	(name and	title p		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

				Ţ			T
Establishm		/ CI	ENTRAL CAMPUS (@ Precious Blood)	Telephone Number	Date of Ins (mm/dd/yr		ъ# 231
			mber and street, city, state, zip code)	812-482-4461	08/17	/2023	231
			ST. , JASPER, IN, 47546	812-482-4461			
Owner		N I A	CANI	Purpose:	Follow-u		se Date
GAIL		IN/	AGAN	Routine	No		27/2023
Owner's Ac		า S	t., Jasper, IN, 47546	Follow-up	Summary	of Violation	
Person in C	Charge		•	Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	0_a (
GAIL	<u>FLAN</u>	NA	AGAN	Pre-Operational Temporary	<u></u>	NC	K
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	or		Other (list)	102	\bigcirc_2),(),()
			5/1/2023		1 2	<u> </u>	<u>/4030</u>
			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 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

Establishme		TV	EAST CAMPUS (@ Holy Family)		ephone Number	Date of In (mm/dd/y		ID#
			mber and street, city, state, zip code)	⊣	12-482-4485	08/11	/2023	232
			ve., Jasper, IN, 47546		12-482-4485			
Owner GAIL I	FLAN	NΑ	AGAN	L	rpose: Routine	Follow-u		21/2023
Owner's Ad	ldress			-	Follow-up	Summary	of Violation	
		<u>า S</u>	t., Jasper, IN, 47546		Complaint	^	() 0
Person in C		kal	by	=	Pre-Operational	$_{\rm C}$	NC_	J _R U
Responsible				-[Temporary	Menu Tv	pe (See addii	tional nage)
Responsible	. I CISON S	L-III41			НАССР	Wicha Ty		
Certified Fo			exp. 8/7/2023	닏	Other (list)	$1\bigcirc 2$	\bigcirc_3	$0_4 \bigcirc 5 \bigcirc$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	/ARK	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN			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			ected by (name and title pr			
				Cł	hristina Pie	erini		
Received by	(signature)):		Inspe	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

							r
	INGE		RG ELEMENTARY SCHOOL	Telephone Number (812-683-1172)	Date of Ins (mm/dd/yr 08/18	j	1D# 233
			mber and street, city, state, zip code) DRIVE, HUNTINGBURG, IN, 47542	⁽ 812-683-1172	00/10	72023	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-up No		e Date 28/2023
Owner's Ac		NSI	ET DRIVE, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C		-		Pre-Operational Temporary	$_{\rm c}$ $_{\rm U}$	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Rita Ho			12/15/2026	Other (list)	1 2	<u>3</u>	<u>)4</u> 05 <u></u> 0
• 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 tim	ne of inspection.			
				'			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	inted).		
- Level Fou by	,ie und			Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
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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

					_		
Establishm IREL		Εl	EMENTARY SCHOOL	Telephone Number 812-482-7751	Date of Ins (mm/dd/yr		ID# 234
Establishm 4940	ent Addres W SC	ss (nu U	mber and street, city, state, zip code) TH ST, JASPER, IN, 47546	⁽ 812-482-1801	06/17	/2023	
Owner GREA	TER J	ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-uj		se Date 27/2023
	ST. C	HA	RLES ST, JASPER, IN, 46546	Follow-up Complaint	Summary	of Violation	
Person in C LaDor		/er	ner	Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For LaDon			er 5/8/2023	Other (list)	102	<u>3</u>)4050
• 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 1		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

	ER (RISTIAN ACADEMY		Telephone Number (812-634-2406)	Date of Ins (mm/dd/yr 08/02)	1D# 235
			mber and street, city, state, zip code) r., Jasper, IN, 47546		⁽ 812-634-2406			
		PO	STOLIC CHURCH		Purpose: Routine	Follow-up No		ne Date 12/2023
Owner's A	ddress				Follow-up Complaint	-	of Violation	
Person in C)N		Pre-Operational	c_0	NC_	0_{R}	
Responsible	e Person's	E-ma	il		Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For			exp. 12/21/2026		Other (list)	102	<u>3</u>	<u>_4</u> _5
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE C	OLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		rative			To Be Co	orrected By
			No violations observe	d 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

Establishme		\ . . .	-> / B 411 1	Telephone Number	Date of Ins (mm/dd/yr)		ID#
JASP	<u>ER (</u>	<u>ا از</u>	Y MILL	812-482-4924	08/31		236
			mber and street, city, state, zip code) /E, JASPER, IN, 47546	⁽ 812-482-5959	00/31/	72025	
Owner CITY (OF JA	\SF	 PER	Purpose:	Follow-up		ne Date 10/2023
Owner's Ad			DUE 0.07 14.00 ED 111.4 = 10.	Follow-up	Summary	of Violation	1S:
		HΑ	RLES ST, JASPER, IN, 47546	Complaint	\cap	() (
Person in C		RRE	ENCE	Pre-Operational	c_U	NC_	P R U
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	-		\bigcirc
Certified For Excem		er			1 <u></u> 2	<u>3</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
			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:		



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

				T			
JASP		HIC	SH SCHOOL	Telephone Number (812-482-6050	Date of Ins (mm/dd/yr 08/21)	1D# 237
Establishm	ent Addres ST. C	ss (nu HA	mber and street, city, state, zip code) RLES ST, JASPER, IN, 47546	⁽ 812-482-1801	00/21	72023	
Owner GREA	TER J	ASI	PER CONSOLIDATED SCHOOLS	Purpose:	Follow-uj		se Date // 31/2023
Owner's Ac 1520 \$		HA	RLES ST, JASPER, IN, 46546	Follow-up Complaint	Summary	of Violation	
Person in C		HC	FFMAN	Pre-Operational Temporary	C_{C}	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 Loretta			n exp.11/20/2023	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	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.			
				•			
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		415		Telephone Number	Date of Ins (mm/dd/yr		ID#
JASPER MIDDLE SCHOOL Establishment Address (number and street, city, state, zip code) (812-482-6454						/2023	238
			mber and street, city, state, zip code) SVILLE RD, JASPER, IN, 47546	⁽ 812-482-1801	00,21		
Owner GREAT	ΓER J	ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-up		se Date //31/2023
Owner's Ad		ЦΛ	DIECCT INCDED IN 16516	Follow-up	Summary	of Violation	ns:
Person in C			RLES ST, JASPER, IN, 46546	Complaint			$2_{\rm R}0$
Dawn		ell		Pre-Operational	C	NC_	- R O
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
C CC IF	177 11			Other (list)	1 - 0),(•	\bigcirc .
Certified Fo			7/19/2027			<u></u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	I		
• 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	NC		Observed boxes being stored on the	floor in walk-in fre	ezer.	02/2	21/2024
433	NC		Observed mops not being pro	perly hung to dry.		Co	rrected
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

Establishmo NOR		15	T DUBOIS HIGH SCHOOL	Telephone Number (812-678-2251	Date of Insp (mm/dd/yr)		ID# 242
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	812-678-2781	08/11/	2023	272
4/11	N DUI	30	IS RD NE, DUBOIS, IN, 47527				
Owner NORT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		e Date 21/2023
Owner's Ac				Follow-up	Summary of	of Violation	1S:
5379 E	= MAI	<u>IN</u>	STREET, DUBOIS, IN, 47527	Complaint	$\mathbf{\hat{\Gamma}}$	(^
Person in C				Pre-Operational	$_{\rm C}$ U		$\mathcal{I}_{R}U$
Joyce				Temporary			
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
				Other (list)	\cap	\bigcirc_3	\bigcap
Certified For JOYCE			MAN exp. 3/12/2024		1 <u>0</u> 2 <u>\</u>	<u>3</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	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:		



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

							-
Establishm PINE		GE	ELEMENTARY SCHOOL	Telephone Number (812-817-0900)	Date of Ins (mm/dd/yr 08/23)	1D# 244
Establishm 4613	ent Addres S. Pin	es (nu	mber and street, city, state, zip code) Ridge Rd., Birdseye, IN, 47532	(812-817-0900	06/23	/2023	
Owner SOUT	HEAS	ST	DUBOIS CO SCHOOL CORP	Purpose:	Follow-up No		se Date // 02/2023
Owner's Ac		St	, Ferdinand, IN, 47532-9199	Follow-up Complaint	Summary	of Violation	_
Person in C		GU	TGSELL	Pre-Operational Temporary	c_ U	NC_(
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For			exp. 1/19/2027	Other (list)	1 2	<u>3</u>)4050
• CRITICAL	LITEMS 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
-			No violations observed at tin	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

	THRI		GE HIGH SCHOOL	Telephone Number (812-683-2272	Date of Ins (mm/dd/yr 08/18)	то# 247
			mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542	⁽ 812-683-2272	00/10	/2023	
Owner SOUT	HWE	ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up NO		e Date 28/2023
Owner's Ac		ET	DRIVE, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	_
Person in Co		eav	/itt	Pre-Operational	c_ U	NC_($\frac{1}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			n exp. 4/20/2028	Other (list)	102	<u>3</u>	0_4 0_5
• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIO	ON(S) REPE	ATEL	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
			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

	THRI		GE MIDDLE SCHOOL	Telephone Number (812-683-2272	Date of Ins (mm/dd/yr 08/18)	ID# 248
Establishm 1112 S	ent Addres S MAI	s (nu N	mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542	812-683-3971	00/10	72023	
		ST	DUBOIS CO SCHOOL CORP	Purpose: Routine	Follow-up No		se Date 28/2023
	SUNS	ΕT	DRIVE, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in Co	aret Le			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 Marga			tt exp. 9/16/2026	Other (list)	1 2	<u>3</u>	<u>)4</u> 05 <u>0</u>
• CRITICAL	L 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 "SU	JMMARY 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	printed):	Inspected by (name and title properties) 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

			•	•			
Establishm BIRD		ΕŒ	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 ⁻⁷ 19-6687			
Owner DERR	ICK 8	ξF	ELISSA CHANLEY	Purpose: Routine	Follow-uj		Date 02/2023
Owner's Ac	ddress			Follow-up	Summary	of Violation	IS:
Person in C		 } F	ELISSA CHANLEY	Complaint Pre-Operational Temporary	c_0	NC	L _R 1
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	oe (See addii	ional page)
Certified For			3/3/2025	Other (list)	102	<u></u>)4050
• 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				orrected By
177	NC		Observed boxes of to-go containers, ice cr		s being	02/2	23/2024
			stored on the floor throug	·			
234	NC	R	Observed ice scoop being stored in direct	ct contact with ice in	ice bin	02/2	23/2024
			at fountain drink st	tation.			
342	NC		Observed hand sink to not have any hot w	vater, preventing emp	loyees	02/2	23/2024
			from properly washin	g hands.			
433	NC		Observed mops not being	g hung to dry.		02/2	23/2024
Received by	I (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

River House Bed & Breakfast Stabilishment Address (umber and street, city, state, zip code) 104-607-2422 Stabilishment Address (umber and street, zip code) 104-607-2422 Stabilishment Address (umber and street, zip state, zip code) 104-607-2422 Stabilishment Address (umber and street, zip state, zip code) 104-607-2422 Stabilishment Address (umber and street, zip state, zip code) 104-607-2422 Stabilishment Address (umber and street, zip state, zip code) 104-607-2422 Stabilishment Address (umber and street, zip state, z	Establishme			D 10 D 17 1	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Establishment Addres (aumber and street, city, state, ap code) 410 Riverside Dr., Jasper, Indiana, 47546 Owner Norma Kimmerle Owner's Address 410 Riverside Dr., Jasper, Indiana, 47546 Person in Charge Reponsible Person's E-mail Fengonistic Prevon's E-mail Fengonistic Pre					614-607-2422		023	301
Norma Kimmerle Owner's Address					614-607-2422	00/20/2	.020	
Comparison Com		17'		•	Purpose:	Follow-up		
A10 Riverside Dr., Jasper, Indiana, 47546 Complaint Person in Charge Pre-Operational Pre-Operation P			me	erie	Routine		09/	07/2023
Pre-Operational Pre-Operat			de	Dr., Jasper, Indiana, 47546		_ `	_	
Responsible From the Helper of the Responsible From Previous See additional page of the Pool Handler of Certified Food Han	Person in C	harge				$_{c}$ 0	NC () , ()
Responsible Person's I:-mail	Norma	a Kim	me	erle		C	NC	N
Certified Food Handler EXCEMPT Other (list) Other (list	Responsible	e Person's	E-ma	il		Menu Type	See addii	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 Inspected by (name and title printed): Christina Pierini Inspected by (signature):								
• VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R			er			1 2	<u>/</u> 3 <u></u>	<u> 4050</u>
Section# C/NC R No Violations observed at time of inspection n the second of inspected by (name and title printed): No Violations observed at time of inspected by (name and title printed): Christina Pierini Inspected by (signature):	• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"			
No Violations observed at time of inspection observed at time observed at time of inspection observed at time ob	• 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"
Received by (name and title printed): Secrived by (signature): Inspected by (sign	Section#	C/NC	R	Narrative		Т	o Be Co	orrected By
Received by (signature): Inspected by (signature):				No Violations observed at tir	me of inspection			
Received by (signature): Inspected by (signature):								
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						<u>erini</u>		
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	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				Te	lephone Number	Date of In		ID#
MEMORIA	AL HOSF	PITAI	AND HEALTH CARE CENTER TOWER CAFE	(8	12-996-0519)/2023	334
			nber and street, city, state, zip code) T., JASPER, IN, 47546	() Owner	06/30	1/2023	
Owner					rpose:	Follow-u		se Date
0 1 1					Routine	No		09/2023
Owner's Ad	aress				Follow-up	Summary	of Violation	_
Person in C	harge				Complaint	_a ()	($\mathbf{O}_{\mathbf{R}}$
		RC	CHINO	=	Pre-Operational	C	NC_	R
Responsible	Person's	E-mai	1		Temporary HACCP	Menu Tyj	oe (See addi	tional page)
G 10 15	1 77 11			_	Other (list)	. ()	\bigcirc	
Certified Fo		er		_		1 <u></u> 2	<u> </u>	<u> 405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	ΜМА	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 d	of inspection.			
Received by	(name and	title p			ected by (name and title pr	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				Telephone Number	Date of Inspe	ction	ID#
BECK	(mm/dd/yr) 08/11/2	2023	342				
			mber and street, city, state, zip code) R DUBOIS RD., JASPER, IN, 47546	⁽ 812-631-3760	00/11/2	1023	
Owner LEAH	BEC	ΚN	IAN	Purpose: Routine	Follow-up NO		e Date 21/2023
Owner's Ad		PER	R DUBOIS RD., JASPER, IN, 47546	Follow-up	Summary of	Violation	15:
Person in C				Complaint	$_{c}0$	NC_(0 , (
LEAH	BEC	KN	IAN	Pre-Operational Temporary		NC	K
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addii	tional page)
Certified Fo	and Handle			Other (list)	100),()_()
Excem					1020	<u></u>	<u>/4030</u>
• CRITICAL	ITEMS AR	RE 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	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:		



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

Establishme		<u> </u>	TACOS	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	812-961-1384	08/26/2	2023	354
			e Ste H, New Albany, IN, 47150	⁽ 812-961-1384			
Owner	l. Ma	abl		Purpose:	Follow-up		se Date
Derec Owner's Ac		SIII	ourn	Routine		1	05/2023
		Pike	e Ste H, New Albany, IN, 47150	Follow-up Complaint	Summary of	_	_
Person in C	harge		-	Pre-Operational	$_{\rm C}$ ${\rm O}$	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
Derec				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}\bigcirc$	$)_3$	O_{4}
nathan	reite	r 1(0/20/2026				
• 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		1	o 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	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				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
KIM'S				812-684-8079	08/07/2	2023	356
			mber and street, city, state, zip code) , HUNTINGBURG, IN, 47542	651-261-4991	00,01,1		
Owner				Purpose:	Follow-up		se Date
Rober		•		✓ Routine	No	08/	17/2023
Owner's Ac		۱۸/	, HUNTINGBURG, IN, 47542	Follow-up	Summary of		
Person in C		V V	, 110111111000110, 111, 47042	Companie	. 0	NC_	_ ()
ASHL		RF	?	Pre-Operational	<u>c</u>	NC	R
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc (
Certified For CHAD			exp. 2/21/2023		1 2	<u>3</u> C	<u>/4_5_</u>
• CRITICAL	ITEMS AR	RE 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		-	Го Ве Со	orrected By
177	NC		Observed boxes of cups being	stored on the floor		02/0	07/2024
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					ephone Number	Date of Insp (mm/dd/yr)		ID#
			PRETZELS	['2	70-302-8569	08/26	2023	367
			mber and street, city, state, zip code) OWENSBORO, ky, 42303	(2	70-313-2005			
Owner RON \	WILLI	ΑN	1S		rpose: Routine	Follow-up		e Date 05/2023
Owner's Ac				T	Follow-up	Summary	of Violation	ns:
2421 a	allen s	st,	owensboro, ky, 42303	=	Complaint		_	
Person in C		nns	on		Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible				=	Геmporary	Menu Typ	(See addi	tional page)
				H	HACCP			
Certified Fo			on exp. 5/29/2023		Other (list)	1 2	<u></u>	<u>14050</u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARKI	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMAI	RY OF VIOLATIONS" AND	D IN THE NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No Violations observed at tin	ne d	of inspection			
Received by	(name and	title p			nristina Pie			
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 111 W Owner francis Owner's Ac 1229 V Person in C francis Responsible	JERI ent Addres / 28Tl SCA GO ddress W 6th harge SCA GO e Person's	St Onz St Onz E-mai	z, JASPER, IN, 47546 zalez	Telephone Number (812-351-4571 (812-351-4571 Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u Summary C	5/2023 P Releas	05/2023 s: D R O
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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	rrected By
			No Violations observed at tir	me 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

Establishme LAZE		00	D SERVICE INC.	Telephone Number (812-683-4200	Date of Ins (mm/dd/yr)		ID# 373
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) /., HUNTINGBURG, IN, 47542	712-870-0307	08/07	/2023	
Owner			SERVICE, INC.	Purpose:	Follow-up		te Date 17/2023
Owner's Ac 1410 N		HIG	SAN ST., STORM LAKE, IA, 50588	Follow-up Complaint	Summary	of Violation	
Person in C		OD	SERVICE, INC.	Pre-Operational Temporary	c_ U	NC_	J _R U
Responsible	e Person's	E-mai		НАССР	Menu Typ	_	tional page)
Certified Fo			/09/2026	Other (list)	1 <u>U</u> 2	<u></u>	<u>)405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE N	A DD A TIME	DELOW AC 4D?
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative	o of increation		10 Be C	orrected By
			No violations observed at time	ie of inspection.			
Received by	(name and	title p		Inspected by (name and title pr	rinted):		
Received by	(signature)):		Inspected by (signature):			
- 3	. 5			, , ,			
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 CELE		١E	COMMUNITY CLUB	Telephone Number 812-678-3631	Date of Ins (mm/dd/yr)	ì	то# 376
			mber and street, city, state, zip code) DRTH RD, CELESTINE, IN, 47521	⁽ 812-678-3631	06/09	72023	
		0'	WNED	Purpose: Routine	Follow-up No		e Date 19/2023
	3OX 3	321	, CELESTINE, IN, 47521	Follow-up Complaint	Summary	of Violation	
Person in C	Y EPI			Pre-Operational Temporary	с_О	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified For HOLL			EXP 3/21/2024	Other (list)	1 2	<u>3</u>	<u> 14050</u>
• 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 "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	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		CI	MOKEHOUSE	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			MOKEHOUSE	812-630-5638	08/26	2023	387
			mber and street, city, state, zip code) HONY RD. W., HUNTINGBURG, IN, 47542	⁽ 812-630-5638			
Owner				Purpose:	Follow-up		e Date
TIM F				Routine		09/	05/2023
Owner's Ac 2690 S. 3		ANT	HONY RD. W., HUNTINGBURG, IN, 47542	Follow-up	Summary	of Violation	is:
Person in C				Complaint	1.0	NC_() "()
TIM F	LICK			Pre-Operational Temporary		NC_	R
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e (See addi	tional page)
				Other (list)	-),(•	
Certified Fo			2			<u> </u>	<u> 405</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 "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 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

	ER E		EMENTARY SCHOOL	Telephone Number () Establishment	Date of Ins (mm/dd/yr)	j	то# 390
			mber and street, city, state, zip code) RSVILLE RD., JASPER, IN, 47546	⁽ 812-482-1801	00/21/	2020	
Owner GREA	ΓER J	ASI	PER CONSOLIDATED SCHOOLS	Purpose: Routine	Follow-up		e Date 31/2023
	T. CH	AR	LES STREET, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C		IDO	ORF	Pre-Operational Temporary	C	NC_C	
Responsible	Person's	E-mai	il	HACCP	Menu Typ	e (See addi	tional page)
Certified For KAREI			RF 2027	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	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			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	ERIA '	s (nu	LLARTA MEXICAN GRILL CORP mber and street, city, state, zip code) ST., HUNTINGBURG, IN, 47542	(8)	12-684-8002 12-309-0053	Date of Ins (mm/dd/yr 08/08		тр# 397
Owner ADRIA				Pu	rpose: Routine	Follow-u		e Date 18/2023
Owner's Ac		hu	ntingburg, IN, 47542	=	Follow-up		of Violation	
Person in Charge ADRIAN MIRANDA					Complaint Pre-Operational	$_{\rm c}2$	\sum_{NC}	3_{R}
ADKIA Responsible				=	Temporary		ne (See addit	
Kesponsible	e reison s	L-IIIa	ш		НАССР	Menu Typ	se (see aaan	ionai page)
Certified Fo			ES 1-23-2025		Other (list)	1 2	<u>3</u>	<u>_4_5_</u>
• CRITICAL	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				To Be Co	rrected By
342	NC	R	Observed hand sink by dishwasher to	<u>o n</u>	ot have any hot	water	08/2	22/2023
346	NC	R	Hand sink by dishwasher did	n t	ot have soap		02/0	8/2024
347	NC		Hand sink by dishwasher did not have	an	ything for hand o	drying	02/0	8/2024
375	С		Waste water is being drained int	o u	napproved outl	et	08/2	2/2023
177	С	R	Several items being stored in the walk	in	freezer without of	covers	08/2	2/2023
Received by	(name and	title 1		-	ected by (name and title pr			
				C	hristina Pie	erini		
Received by	(signature)):		Insp	ected by (signature):			
20:			201			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

Establishm One		e E	Bar & Grill	Telephone Number (812-678-2491	Date of Ins (mm/dd/yr	j	тр# 413
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) Dubois, IN, 47527	812-678-2506	08/11	/2023	
	<u> 4111</u>	Ōι,	, Dubbis, III, 47327				
Owner Annet	te Mo	ore	Э	Purpose:	Follow-up No		se Date 21/2023
Owner's Ac	ddress			Follow-up	Summary	of Violation	ae:
5444	F Svc	an	nore St, Dubois, IN, 47527		-		
Person in C		<u> </u>	1010 01, 12 00010, 111, 17 027	Complaint	1	(\cap
Annet		ore	Э	Pre-Operational Temporary	C	NC_	0_{R}
Responsible	e Person's	E-ma	il		Menu Typ	e (See addi	tional page)
				HACCP			
Certified For			4/25/2023	Other (list)	102	<u></u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	. ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	AARKED "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
					به ما ما		
177	С		Observed items in walk-in cooler and whi		rbeing	08/2	21/2023
			stored without li	ids.			
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

Establishment Name WOOD CAPITAL PIZZA					Telephone Number Date of Inspection (mm/dd/yr) 1D #				
			mber and street, city, state, zip code)	Ι 'δ	12-309-4550) Owner	08/26	/2023	421	
			JASPER, IN, 47546) Owner				
Owner	Ω ΙΛΙ	N // I I	E JAHN	Pu	se Date 05/2023				
Owner's A		IVIII	_ JAHN	-	Routine	0			
N/A, N		۷, ۷	17546		Follow-up Complaint	Summary	of Violation	_	
Person in C	Charge				Pre-Operational	$_{\rm C}$ U	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$	
			EJAHN		Temporary	\			
Responsible	e Person's	E-mai			НАССР	Menu Typ	e (See addi	tional page)	
Certified F					Other (list)	$1\bigcirc 2$	\bigcirc_3	0_4 0_5	
KYLE	<u>JAHN</u>	20	26						
• CRITICAL	L ITEMS AR	E IDE	INTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMA	RY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative		- f in an a - C		To Be Co	orrected By	
			No Violations observed at tin	ne	of inspection				
Received by	(name and	title p			ected by (name and title pr				
				Cl	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

Establishm PUB		Rl	JB FOOD TRUCK	Telephone Number (812-559-0643)	Date of Ins (mm/dd/yr	j	1D# 429
Establishm	ent Addres	ss (nu	with the street, city, state, zip code) N ST, JASPER, IN, 47546	812-559-0643	08/26	/2023	0
Owner	TOIL		101, 0A01 EIX, IIV, 47040	Purpose:	Follow-up	Dalass	e Date
JARE		IS	HEIT	Routine	ronow-u _k		05/2023
Owner's A		10	N ST, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_
Person in C	Charge			Pre-Operational	$_{\rm C}$	NC_	$\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible				Temporary	Menu Typ	e (See addi	tional page)
•				НАССР			
Certified For			HEIT 2024	Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	RELOW AS "R"
Section#	C/NC	R	Narrative	WINIART OF VIOLATIONS AN	DIN THE N		orrected By
Section#	C/INC	IX	No Violations observed at tir	mo of increation		TO BE CO	nrected by
			No violations observed at til	ne or mspection			
					7		
Received by	y (name and	ltitle		Inspected by (name and title processing Pie			
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		٨		Telephone Number	Date of Ins (mm/dd/yr		ID#
CALC				812-319-3246	08/26	/2023	445
			mber and street, city, state, zip code) O E, OTWELL, IN, 47564	⁽ 812-319-3246	00/20	2020	
Owner OLIVA	A HOV	NΑ	LD & BRITTANY HARBIN	Purpose:	Follow-up		se Date 05/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
5959 I	N CR	85	0 E, OTWELL, IN, 47564	Complaint	^		
Person in C		NΑ	LD & BRITTANY HARBIN	Pre-Operational	$_{\rm C}$	NC_($\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo			D 6/11/2026	Other (list)	1 <u>0</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"			
• 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	or violations in	1		orrected By
Sectiona	C/TC	IX	No Violations observed at tir	mo of increation		TO DC CO	nrected By
			140 Violations observed at til	ne or mspection			
							_
Received by	(name and	title 1	orinted):	Inspected by (name and title pr	inted):		
received by	(manne unu	. uuc j		Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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	KITC		N/MADIS MAIN SQUEEZE	Telephone Number (812-241-7458	Date of Instance (mm/dd/yr)		то# 455
Establishme 1611	ent Addres NEW	s (nu TO	mber and street, city, state, zip code) N ST, JASPER, IN, 47542	⁽ 812 ⁻ 993-4100	00/20/		
Owner RYAN	& M/	٩D	ISON NIEDERBERGER	Purpose: Routine	Follow-up No		e Date 07/2023
	NEW	ΓΟ	N ST, JASPER, IN, 47542	Follow-up Complaint	Summary	of Violation	
	& M/		ISON NIEDERBERGER	Pre-Operational Temporary	C	NC_	
Responsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See addi	tional page)
Certified For MADIS			DERBERGER 2/27/2026	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIC	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.			
				'			
Received by	(name and	title 1	orinted):	Inspected by (name and title pr	inted):		
received by	(manne and	and j		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				Telephone Number	Date of Ins		ID#
			Bloomington	(317-363-781	0 (mm/dd/yr	5/2023	456
			mber and street, city, state, zip code) reek Rd, Martinsville, IN, 46151	(31 7 -363-781		72020	
Owner Debbi	e & V	/ar	ren Stohler	Purpose: Routine	Follow-u	L I	ne Date 05/2023
Owner's Ac		_		Follow-up	Summary	of Violation	ns:
4610 F	lacke	r C	reek Rd, Martinsville, IN, 46151	Complaint		() ()
Person in C Debbi		/ar	ren Stohler	Pre-Operational	$C \cup C$	NC_	J _R U
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Tyj	oe (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 1405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS"	AND 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 p	printed):	Inspected by (name and title Christina P			
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#
Casca	ade (Ca	fe	(812-998-2229	08/25/2	วกวร	472
			mber and street, city, state, zip code) Ferdinand, IN, 47532	(352-215-0612	00/23/2	2023	
Owner	<i>(</i> :1			Purpose:	Follow-up		e Date
Rob V				Routine	No	09/	04/2023
Owner's Ac 214 W		St	t, Ferdinand, IN, 47532	Follow-up Complaint	Summary of	_	
Person in C				Pre-Operational	c_ U	NC_($\frac{1}{R}$
Responsible			il	Temporary	Menu Type	(See addi	tional page)
-				НАССР		_	
Certified Fo			exp. 5/12/2026	Other (list)	1 <u>0</u> 2	<u>)</u> 3 <u>(•</u>	<u>0</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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	Го Ве Со	orrected By
			No Violations observed at tir	ne of inspection			
				•			
D : 1:	, -			Y (11 ()	1)		
Received by	(name and	title j		Inspected by (name and title processing Pierristina Pi			
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			n	Telephone Number Date of Inspection (mm/dd/yr)				
Braise	<u>ed in</u>	a	Barn	8) [12-482-6775	-)/2023	482
			RD 545, Celestine, IN, 47521	(8	12-482-6775		72020	
Owner Holly I	Epple				rpose: Routine	Follow-uj		te Date 19/2023
Owner's Ac			the red Coloration INI 47504		Follow-up	Summary	of Violation	ns:
		NOI	rth rd, Celestine, IN, 47521	Ł	Complaint	\cap	() ()
Person in C Holly I					Pre-Operational	$^{\rm C}$	NC_	$R_{\rm R}$
Responsible			il	┖	Temporary	Menu Ty	pe (See addi	tional page)
•				L	НАССР			
Certified For Holly E			o. 3/21/2024		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	AARK	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 d	of inspection.			
							<u> </u>	
							1	
Received by	I (name and	title p	printed):	Inspected by (name and title printed): Kymberlee				
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		/ ⊏`	XICAN GRILL FOOD TRUCK	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	1 0 12 000 2000	00/10/	/2023	507
1935 N	MAIN	S	Γ., FERDINANĎ, IN, 47532	⁽ 812-899-2033			
Owner IVAN	ΑΥΑΙ	Α		Purpose: Routine	Follow-up NO		e Date 26/2023
Owner's Ad				Follow-up		of Violation	
		AN G	SRILL FOOD TRUCK, 1935 MAIN ST, IN, 47532	Complaint		_	
Person in C		Α		Pre-Operational	$_{\rm C}$	NC_	$R \cup R$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addit	tional page)
C (C IF	177 11			Other (list)	-		\bigcirc
Certified For LAURA			JEZ 4-20-2027			<u>3</u>	<u>′4050</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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
217	NC		Observed food in freezer and refrigera	ator being stored ir	n bags	02/1	6/2024
			unapproved for food	storage.			
Received by	(name and	title 1		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	_			Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
The C				() Establishment	08/26/	2023	490
			mber and street, city, state, zip code) -, Enfield, IL, 62835	618-231-6363		2025	
Owner Heath	Rush)		Purpose: Routine	Follow-up NO		te Date 05/2023
Owner's Ac			F (Follow-up	Summary o	f Violatior	1S:
		14	, Enfield, IL, 62835	Complaint	\cap	() (
Person in C Heath		1		Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addi	tional page)
G 10 17				Other (list)	-	$)_3$	\bigcirc
Certified For Heath			p. 10/24/2025		1 <u>0</u> 2 <u>0</u>	<u>3</u>	<u>/405</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 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				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
JB's E	3arny	/ar	d	812-499-2689	08/26/	2023	491
			mber and street, city, state, zip code)	⁽ 812-499-2689	06/20/	2023	
	Middle) Mi	t Vernon Rd, Mt Vernon, IN, 47620			•	
Owner	and F	ו :מ	ov Cimplino	Purpose:	Follow-up		se Date
		31110	ey Simpkins	✓ Routine			05/2023
Owner's Ac		. Ν <i>1</i> 1	t Vernon Rd, Mt Vernon, IN, 47620	Follow-up	Summary o	f Violatio	is:
Person in C		, IVI	t veriforitta, int verifori, in, 47020	Complaint	\cap	$_{\rm NC}$) ()
		3ril	ey Simpkins	Pre-Operational	c	NC_	- R
Responsible			· · · · · · · · · · · · · · · · · · ·	Temporary	Menu Type	(See addi	tional page)
•				НАССР			
Certified Fo				Other (list)	$_{1}\bigcirc_{2}($	$)_3$ $lefto$	$)_4 \bigcirc_5 \bigcirc$
Briley	Simpk	ins	exp. 2/17/2027				
• 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 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:		



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Establishm					lephone Number	Date of Ins		ID#	
Main				(8	12-998-2490		/2023	500	
			mber and street, city, state, zip code) eet, Ferdinand, IN, 47532	⁽ 2	269-873-1364	00/21	72023		
Owner	DI: '11'	·		Pu	rpose:	Follow-u	L .	se Date	
Tonya		ps		Ļ	Routine	No	08/	31/2023	
Owner's A		١ (Santa Claus, IN, 47579	L	Follow-up	Summary	of Violation	ns:	
Person in C		<i>J</i> , c	balila Claus, IIV, 47579	Ļ	Complaint	\mathbf{O}	NC_ () ()	
Kayla		t		~	Pre-Operational	$_{\rm C}$	NC_	R	
Responsible			il	ᆫ	Temporary	Menu Tyı	e (See addi	tional page)	
•					НАССР				
Certified For Kayla			p 3/5/2025	<u> </u>	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>	
• CRITICAL	ITEMS AR	E IDE	NTIFIED 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	orrected By	
			No violations observed at tim	ne d	of inspection.				
			OK to operate).					
Received by	(name and	title p	printed):	Insp	ected by (name and title pr	inted):			
				K۱	ymberlee				
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

Establishm	ent Name			Telephone Number	Date of Ins	pection	ID#
CATE	RIN	G I	BY MEYER	812-367-1690	(mm/dd/yr	,	20
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	⁽ 812-367-1690	09/06	/2023	
6655 S.	OLD S	TA	TE RD 162, HUNTINGBURG, IN, 47542				
Owner BRAD	BRC	W	N & JARED FELTNER	Purpose: Routine	Follow-uj No		se Date 16/2023
Owner's Ad		חר	100 HINTINODUDO IN 17510	Follow-up	Summary	of Violation	ns:
		KL) 162, HUNTINGBURG, IN, 47542	Complaint	\cap		
Person in C BRAD		W	N & JARED FELTNER	Pre-Operational	C	NC_	R O
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified For JAREI			ER exp. 7/18/2022		1 2	<u> </u>	<u>/45</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	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	NC		Observed boxes being stored on the	floor in walk-in fre	ezer.	03/0	06/2024
			<u> </u>				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		



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Establishme		7 N	11.0		lephone Number	Date of Ins (mm/dd/yr		ID#
GG'S					12-482-9006	09/08	/2023	384
			nber and street, city, state, zip code) I STREEET, JASPER, IN, 47546	<u>(</u> 8	12 ⁻ 630-8538			
Owner KYLA	GOL	LEI	R		rpose: Routine	Follow-uj		te Date 18/2023
Owner's Ad					Follow-up	Summary	of Violation	ns:
		W	, JASPER, IN, 47546		- Complaint	\mathbf{O}		
Person in C		LEI	R		Pre-Operational Temporary	c_ U	NC_	J _R U
Responsible	e Person's	E-mai	1	_	HACCP	Menu Typ	e (See addi	tional page)
~				_	Other (list)	\sim	\bigcirc_3	$\bigcirc\bigcirc$
Certified Fo			R 9-17-23	_	———	12	<u>3</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ŒD "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 r	printed):	Insn	ected by (name and title pr	inted):		
		v }			hristina Pie			
Received by	(signature)):			ected by (signature):	· • •		
cc:			cc:			cc:		



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			<u> </u>	•			
Establishm AZUL	_	QU	ILA	Telephone Number (812-482-7550)	Date of Ins (mm/dd/yr		то# 385
			mber and street, city, state, zip code) D., JASPER, IN, 47546	⁽ 270-925-4303			
Owner Sergio	Flore	es		Purpose:	Follow-uj		te Date 16/2023
Owner's Ac	ddress		Lane, Glasgow, KY, 42141	Follow-up		of Violation	18:
Person in C	harge			Complaint Pre-Operational	3	NC Z	$\frac{2}{R}$
Sergio				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addii	tional page)
Certified F	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
Pedro	Casill	as	Cazares exp. 1/23/2025				
• CRITICAL	LITEMS AR	E IDI	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				orrected By
177	С	R	Observed several prepared food items		ut lids	09/1	18/2023
			in walk-in coole	er.			
173	С	R	Observed raw eggs being stored above	ready to eat foods in	single	09/1	18/2023
			door refrigerator by cookline and raw chic	ken being stored abo	ve red		
			meat in walk-in co	ooler.			
191	С	R	Observed several ready to eat food items	in walk-in cooler not	dated.	09/1	18/2023
234	NC	R	Observed ice scoops being stored in di	rect contact with ice	inside	03/0	06/2024
			drink station bir	ns.			
409	NC	R	Observed missing ceiling tiles above di	shwashing area exp	osing	03/0	06/2024
			ceiling and wire	es.			
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		0 1/	ioon Crill		lephone Number	Date of Ins (mm/dd/yr		ID#
			ican Grill	3' [312-556-0135	09/06	/2023	493
520 U	ent Addres S 231	s (nu I, J	mber and street, city, state, zip code) asper, IN, 47546	3 ⁾	312-229-1188			
Owner Mario	Marti	ne	Z		rpose: Routine	Follow-u		e Date 16/2023
Owner's Ac					Follow-up	Summary	of Violation	IS:
		4, E	Brazil, IN, 47834		Complaint	1))
Person in C Rikki I		ene	ey .		Pre-Operational	C	NC_S) R
Responsible	e Person's	E-ma	il	⊩	Temporary HACCP	Menu Typ	e (See addi	ional page)
				_	-			
Certified For Rikki N			exp. 8/31/2027	L	Other (list)	1 <u></u> 2	<u>3</u>	<u>/4</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 "SUI	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
334	С	R	Observed ice machine drainage hose to n	not l	have at least a 2 i	nch air		8/2023
			gap between it and the	ne	drain.			
218	NC		Observed walk-in freezer door not shutting			not run	03/0	06/2024
			properly.					
234	NC	R	Observed scoops without handles in bull	k s	pice containers c	ausing	03/0	06/2024
			potential for contam	ina	ition.			
177	NC		Observed boxes being stored on the floo	or u	nder shelves in s	torage	03/0	06/2024
			area.					
Received by	(name and	title j	printed):	Insp	pected by (name and title pr	rinted):		
				K	ymberlee			
Received by	(signature)):		_	pected by (signature):			
cc:			cc:			cc:		



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Tre'V	ione'			(ephone Number) Establishment	Date of Ins (mm/dd/yr 09/01)	то# 510
			mber and street, city, state, zip code) , Jasper, IN, 47546	⁽ 8 ⁾	12-646-5289			
Owner Georg	e Bar	าks	Sr.		pose: Routine	Follow-up		ne Date 11/2023
Owner's Ac		St. (Cannelton, IN, 47520		Follow-up	Summary	of Violation	
Person in Co	harge				Complaint Pre-Operational	c 0	NC_	$\frac{2}{R}$
Responsible					Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Has 6			to get (Oct 2023)		Other (list)	102	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
• CRITICAL	. ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKE	ED "C"			
	. ,		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	JMMAF	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			4 4		orrected By
342	NC		Observed handwashing sink by dry storage			t water	Col	rrected
218	NC		due to knob being			roperly	03/0	01/2024
210	110		installed.	Talli	odard to not be p	горену	03/0	71/2024
			motanea.					
			**Is scheduled to take Certified Food	Mar	nager course ar	nd test		
			mid-September					
Received by	(name and	title	,	-	rmberlee	rinted):		
Received by	(signature)):		Inspe	cted 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 Inspe	ction	ID#
•			artisan Foods LLC	812-639-6909	(mm/dd/yr) 09/13/2	0023	532
			mber and street, city, state, zip code) ne rd, Saint Anthony, IN, 47575	⁽ 812 ⁻ 639-6909	03/13/2	.023	
Owner Dawn	Fergi	usc	on	Purpose:	Follow-up	Releas	e Date 23/2023
Owner's Ad	ldress			Follow-up	Summary of	1	
3745	S. Sar	ntir	ne rd, Saint Anthony, IN, 47575	Complaint			` ^
Person in C				✓ Pre-Operational	$_{ m C}$ U	NC_	$\mathcal{I}_{\mathbf{R}}$ $\mathbf{U}_{\mathbf{R}}$
Dawn				Temporary			
Responsible	e Person's	E-mai	il	НАССР	Menu Type	See addii	ional page)
Certified Fo	ood Handle	or		Other (list)	10,0	$)_3$	$)_4\bigcirc_5\bigcirc$
			า 11/4/2026		102	<u></u>	4 <u>03</u> 0
			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	o Be Co	rrected By
			Ok to operate	9			
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 AMER		LE	GION POST 124 (FERDINAND)	Telephone Number (812-367-1241	Date of Ins (mm/dd/yr 10/16	j	ID# 2
Establishm 425 M	ent Addres AIN S	ss (nu STF	mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	(10/16	/2023	
Owner MEME	BERS	0	F CLUB	Purpose: Routine	Follow-up		e Date 26/2023
	AIN S	STF	REET, FERDINAND, IN, 47532	Follow-up Complaint		of Violation	_
Person in C Kristi I				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 Kariss			ler exp. 04/18/2024	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	. 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 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 Inspec (mm/dd/yr)	tion	ID#
			LACE, LLC.	812-482-7600	10/16/2	023	28
			mber and street, city, state, zip code) D 56, JASPER, IN, 47546	⁽ 812-639-2631	10/10/2	023	
Owner CHRIS		1SE	<u>I</u> L	Purpose: Routine	Follow-up NO		se Date 26/2023
Owner's Ac 7634 \		N.	Velpen, IN, 47590	Follow-up Complaint	Summary of	Violation	ns:
Person in C	harge			Pre-Operational	c_{0}	NC_	$\frac{\mathbf{J}}{\mathbf{R}}$
Responsible				Temporary HACCP	Menu Type (See addii	tional page)
Certified Fo			RT exp. 12/13/23	Other (list)	102	<u>)</u> 3	<u>)</u> 4 <u>O</u> 5
			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 NAR	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		T	o Be Co	orrected By
			**Hoods had built up dust, n	nanager said it is			
			scheduled to be cleane	-			
			3311344134 10 20 3134113	<u> </u>			
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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	FOR		NN FERDINAND mber and street, city, state, zip code)	Telephone Number (812-998-2121	Date of Ins (mm/dd/yr 10/16		ID# 47
			LS COURT, FERDINAND, IN, 47542	⁽ 812-998-2121			
Owner K-4 IN	IVES	ΤМ	ENTS LLC	Purpose: Routine	Follow-uj		ne Date 26/2023
Owner's Ac		IIIF	SUWANEE ROAD, SUITE B, SUWANEE, GA, 30024	Follow-up	-	of Violation	
Person in C	harge			Complaint Pre-Operational	$\frac{1}{c}$	NC_	_B 2
Corinr				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 2	<u></u>)4050
• 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	NC	R	Observed boxes of cereal being stored on t	the floor in dry storag	e area.	04/1	16/2024
438	С	R	Observed spray bottle on counter by han	dwashing sink not la	abeled.	10/2	26/2023
Received by	(name and	title _l		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			Love (Commissary)	812-631-9321	10/25/2	2023	536
			mber and street, city, state, zip code) e, Jasper, IN, 47546	⁽ 812 ⁻ 631-9321	10/23/	2023	
Owner		_		Purpose:	Follow-up		e Date
Daniel		<u>ıfte</u>	enagel	✓ Routine	No	11/	04/2023
Owner's Ad		\ '	- L INL 47540	Follow-up	Summary o	f Violatior	ns:
		riv	e, Jasper, IN, 47546	Complaint	\cap	(Λ
Person in C Daniel		rfte	enagel	Pre-Operational	c_ U	NC_	R U
Responsible	Person's	E-ma	il	Temporary	Menu Type	(See addi	tional page)
				HACCP	\sim 0		\sim
Certified For Daniell			nagel exp. 11/07/2026	Other (list)	1 2	<u>J</u> 3 <u></u>	<u> 405</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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		7	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):			
cc:			cc:		cc:		



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Establishme FLEI		۱۷,		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			mber and street, city, state, zip code)	812-367-1310	10/10/	2023	77
			REET, FERDINAND, IN, 47532	⁽ 812-630-7723			
Owner ROBE	RTK	ΙΤΊ	ΓΕΝ	Purpose: Routine	Follow-up NO		e Date 26/2023
Owner's Ac				Follow-up	Summary o	f Violation	ns:
660 S	730 E	Ξ, F	FERDINAND, IN, 47532	Complaint		_	
Person in C Kevin				Pre-Operational	c	NC_	$\frac{1}{R}$
Responsible		E-mai	il	Temporary	Menu Type	(See addi	tional page)
-				НАССР		~ ~	
Certified For Karen			exp 12/7/2026	Other (list)	1 <u>0</u> 2(<u>3</u>	<u>)</u> 4 <u>U</u> 5 <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	ND 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 Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		\circ	RDER OF EAGLES AERIE #3335	Telephone Number	Date of Ins (mm/dd/yr		ID# 78
			mber and street, city, state, zip code)	(812 ^E 683 ^E 3335	10/16	/2023	70
			EET, HUNTINGBURG, IN, 47542	⁽ 812-683-3335			
Owner	DNIAI	ΛP	DER OF EAGLES #3335 MEMBERS	Purpose:	Follow-uj		e Date 26/2023
Owner's Ad		UK	DER OF EAGLES #3333 WEWBERS	L recuent			
		68	, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	_
Person in C	harge			Pre-Operational	$_{\rm c}$ U	NC_	$R = \frac{1}{R}$
			LCHER	Temporary) (T		
Responsible	e Person's	E-ma	11	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo	od Handle	er		Other (list)	$1\bigcirc 2$	\bigcirc_3 \bigcirc	$_{4}O_{5}O_{1}$
Heathe	er Bel	che	er exp. 3/15/2026				
• 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 "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
232	NC	R	Observed buildup of dirt/mold on ice mac	hine from excess mo	oisture.	04/1	16/2024
					-		
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
					İ		



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	A T'S		TAILIAN STEAK HOUSE	Telephone Number (812-661-6093)	Date of Ins (mm/dd/yr))	135
Establishm 320 E	ent Addres . 4TH	ss (nu S7	mber and street, city, state, zip code) Г., HUNTINGBURG, IN, 47542				
Owner BRAN		A(CLES	Purpose: Routine	Follow-up		se Date 05/2023
	. 4TH	S	Γ., HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C BRAN	IDÓN			Pre-Operational Temporary	c_ 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>3</u>	<u>)</u> 4 <u>O</u> 5 <u>O</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	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:			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 Inspec	ction	ID#
			AND GRILL	(812-367-1250	(mm/dd/yr) 10/16/2	023	151
			mber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 812-661-2636	10/10/2	.020	
Owner CHER	YL H	00	PER	Purpose: Routine	Follow-up No	Releas	e Date 26/2023
Owner's Ad		URI	STREET, FERDINAND, IN, 47532	Follow-up	Summary of	Violation	is:
Person in C	harge			Complaint Pre-Operational	$_{\rm c}$	NC_($\frac{1}{R}$
CHER Responsible				Temporary	Menu Type	See addir	ional page)
responsible			-	НАССР		. ~	
Certified For Michel			ausen exp. 11/28/2024	Other (list)	1 22	<u>)</u> 3 <u>(•</u>	<u>14050</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 "SUN	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 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

	ent Addres ANTII Lu ddress Charge Lu e Person's	ss (nu LE	mber and street, city, state, zip code) ES DR, Evansville, IN, 47725	Telephone Number (812-454-2458 (812-454-2458) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	Release 10/2 of Violation	26/2023 as: R 0 ional page)
• CDITICAL	ITEMS AE	F IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AADKED "C"			
					D IN THE N	ADD ATIME	DELOW AC 4D?
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MIMARY OF VIOLATIONS" AN	DINTHEN		orrected By
		K		annrayad far faad at	orogo		•
217	NC		Observed food being stored in bags una	approved for food st	orage.	04/ 1	6/2024
Received by	(name and	title	printed):	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		ID#
			TARTISAN ALES	812-639-1868	(mm/dd/yr) 10/27/		406
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-639-1868	10/21/	2020	
Owner JEFF	SCHI	PP		Purpose: Routine	Follow-up No		e Date 05/2023
Owner's Ad		F	FERDINAND, IN, 47532	Follow-up	Summary of	of Violation	is:
Person in C		ь,	TENDINAND, IN, 47552	Complaint	a ()	$_{\rm NC}$)
JEFF :		PP		Pre-Operational	[C	NC_	_ R
Responsible	Person's	E-mai	11	Temporary HACCP	Menu Type	: (See addi	tional page)
Certified Fo			PP exp. 10/14/2024	Other (list)	102	<u>3</u>	0_4 0_5
			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			To Be Co	orrected By
			No Violations observed at tin	ne of inspection			
			<u> </u>				
			<u> </u>				
Received by	(name and	title p		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

Establishme		. S	NACKS	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID# 484
			mber and street, city, state, zip code)	(812-912-0803)	10/21/	2023	404
			ND RD NW, FERDINAND, IN, 47532	⁽ 812-912-0803			
Owner JORD	AN &	BF	RITTNEY LUNDY	Purpose: Routine	Follow-up NO		ae Date 31/2023
Owner's Ac				Follow-up	Summary o	f Violatior	ns:
		INA	ND RD NW, FERDINAND, IN, 47532	Complaint	\cap	() ()
	AŇ &		RITTNEY LUNDY	Pre-Operational Temporary	c_ U	NC_	P R U
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	and Handle			Other (list)	10,0	$)_3$),(),()
			3-2028		102	<u>3</u>	4030
• 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		1	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				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Highv	vay 1	50	Blues Cafe	(812-620-9833	10/23/	2023	486
			mber and street, city, state, zip code)	⁽ 812-620-9833	10/23/	2023	
	US F	IWy	v 150, Hardinsburg, IN, 47125			-	
Jeff Sa	ayles			Purpose: Routine	Follow-up NO		Date 02/2023
Owner's Ac			4-0-11-11-1-10-	Follow-up	Summary o	f Violation	ns:
		lWy	v 150, Hardinsburg, IN, 47125	Complaint	\cap	() (
Person in Co				Pre-Operational	c_ U	NC_	R U
Responsible	e Person's	E-mai	1	Temporary HACCP	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc (),(•	
Certified For Jeffrey			exp. 7/23/2025		1 <u>U</u> 2	<u>3</u> C	4050
• 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			To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				•			
					-		
Received by	(name and	title r	orinted):	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					phone Number	Date of Ins		ID#
Odd F				(8)	12-630-4719	10/17		508
			mber and street, city, state, zip code) t Suite 0, Jasper, IN, 47546	⁽ 8 ⁾	12-630-4719	10/11/	2020	
Owner	Croia				pose:	Follow-up		se Date
Ryan Owner's Ac				_	Routine	No		27/2023
		n S	St, Jasper, IN, 47546		Collow-up	Summary	of Violation	is:
Person in C			ot, easper, 11t, 17 o to	=	Complaint	$_{\alpha}$ 0	NC_)
Austin		abe	er	=	Pre-Operational	<u> </u>	NC	_ R
Responsible	e Person's	E-mai	il		Cemporary IACCP	Menu Typ	e (See addi	tional page)
~				\blacksquare	Other (list)	-		$\bigcirc\bigcirc$
Certified For Savan			/20/2028		——————————————————————————————————————	12	<u>3</u>	<u>/45_</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKE	CD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMAR	RY OF VIOLATIONS" AND	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No Violations observed at tir	me c	of inspection			
Received by	(name and	title r	orinted):	Insne	cted by (name and title pr	inted).		
-10001104 by	,	p			ristina Pie			
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				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
Dip S	tix			317-617-5888	10/16/2	2023	509
			mber and street, city, state, zip code) Or, Huntingburg, IN, 47542	(31 7 -617-5888	10/10/2	2023	
Owner	1	-/0		Purpose:	Follow-up		e Date
		r/S	usan Stout	✓ Routine	No	10/	26/2023
Owner's Ac		4 L	r, Huntingburg, IN, 47542	Follow-up	Summary of	Violation	IS:
Person in C		u L	71, Hullingburg, IIV, 47342	Complaint	\cap	$_{\rm NC}$) ()
		r/S	usan Stout	Pre-Operational	C	NC_	<u>R</u>
Responsible				Temporary	Menu Type	(See addii	tional page)
•				НАССР			
Certified Fo				Other (list)	1 <u>0</u> 2(<u>)</u> 3 <u>©</u>	<u>)4U5U</u>
Trefin	Luker	ex	p. 4/4/2028				
• 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		7	To Be Co	orrected By
			No violations observed at tim	ne of inspection.			
				<u>-</u>			
					\Box		· · · · · ·
					+		
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
•				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ee:		cc:		



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

Establishmo		OKE	EHOUSE AND SOUTHERN KITCHEN	Telephone Number () Establishment	Date of Inspec (mm/dd/yr)		то# 513
Establishm	ent Addres	ss (nui	nber and street, city, state, zip code) asper, IN, 47546	812-630-5638	10/27/2	2023	010
Owner		ι, υ	43pc1, 114, 47 546	Purpose:	Follow-up	Releas	e Date
Tim FI				Routine	No.		06/2023
Owner's Ac		Λ	nthe and the other phones INL 475.40	Follow-up	Summary of	Violation	is:
		IT A	nthony, Huntingburg, IN, 47542	Complaint		(\cap
Person in C				Pre-Operational	C	NC_	R U
Responsible	e Person's	E-mai	il	Temporary	Menu Type (See addii	ional page)
				НАССР			
Certified For Anthor		er		Other (list)	$1 \bigcirc 2 \bigcirc$	<u>)</u> 3 <u> </u>	<u>14050</u>
• CRITICAL	LITEMS AR	RE 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 NAR	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	l 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

Establishm			1: 110	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			nbia, LLC	812-470-8319	10/16/	2023	525
			nber and street, city, state, zip code) Ave, Evansville, IN, 47711	⁽ 812-470-8319	10/10/	2020	
Owner	io 0 1	uic	Topon	Purpose:	Follow-up		e Date
Owner's Ac		.uis	Tascon	Routine	No		26/2023
		orth	n Ave, Evansville, IN, 47711	Follow-up	Summary	_	
Person in C	harge		· · · · · ·	Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_) , ()
Claud	ia & L	.uis	Tascon	Temporary	·	NC	^
Responsible	e Person's	E-mai	il	НАССР	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	102	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
			p 9/27/2025		1	<u></u>	<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 "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 time	ne of inspection.			
Received by	(name and	title p	<i>'</i>	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	ing W	s (nu	Love mber and street, city, state, zip code) e, Jasper, IN, 47546	Telephone Number (812-631-9321 (812-631-9321 Purpose:	Date of Insp (mm/dd/yr) 10/25/	2023	1D# 537
	II Ster	າft∈	enagel	Routine	No		04/2023
Owner's Ac	ddress		3	Follow-up	Summary o		
)riv	e, Jasper, IN, 47546	Complaint	\bigcap		_
Person in C		nft <i>e</i>	enagel	Pre-Operational	c_ U	NC_($\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified Fo			nagel exp. 11/07/2026	Other (list)	1 <u>U</u> 2 <u>U</u>	<u>J</u> 3 <u>C</u>	<u> 1405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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		,	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):			
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 = 4.000	11/06	/2023	
		NT	RAL, LLC	Purpose: Routine	Follow-uj No		ne Date 16/2023
Owner's Ac		7 80	732, WICHITA, KS, 67278	Follow-up	Summary	of Violation	_
Person in C	harge		102, 1110111111, 110, 01210	Complaint Pre-Operational	$_{\rm C}$ 1	NC_	$\lfloor \frac{1}{R} \rfloor$
Responsible			<u> </u>	Temporary	Menu Tyr	e (See addi	tional page)
		-		НАССР			
Certified For Debra			p. 05/01/2028	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	. ,	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 reach in cooler doors and sala	d drawer to not be s	hutting	05/0	06/2024
			properly and in need of n	ew gaskets.			
295	С	R	Observed severe buildup of dust/dirt/deb	oris on front of coole	r doors	11/1	16/2023
			and equipment along	cookline.			
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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Establishm					lephone Number	Date of In (mm/dd/y		ID#
ARB \	/'S#	53	92	(8	12-482-7111		7/2023	7
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	6	78-514-4100	1 1/21	72023	
Owner RTM (OPER	RAT	TING COMPANY,LLC	I——	rpose: Routine	Follow-u No		se Date 07/2023
Owner's Ac		РΔ	ARKWAY NE, ATLANTA, GA, 30328		Follow-up	Summary	of Violation	ns:
Person in C				H	Complaint	~ 0	() _()
Jonath	_	rur	nes	=	Pre-Operational	c_ _	_ NC	R
Responsible					Temporary I	Menu Ty	pe <i>(See addi</i>	tional page)
					HACCP		\bigcirc G	
Certified For EMILY			IT 2-23-2027		Other (list)	1 <u></u> 2	<u>3</u>	<u>)4U5U</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	има	RY OF VIOLATIONS" AN	D IN THE !	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations observed at tim	ie d	of inspection.			
Received by	(name and	title p			ected by (name and title pr	rinted):	ı	
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 BIG L		#2	 254	Telephone Nu		Date of Ins (mm/dd/yr)	1D#
Establishme	ent Addres	s (nui	mber and street, city, state, zip code) Y 231, JASPER, IN, 47546	614-278		11/07	/2023	
		ST(ORES, LLC	Purpose: Routine		Follow-up No		te Date 17/2023
Owner's Ad		n G	randville Rd., WESTERVILLE, OH, 43081	Follow-up		Summary	of Violation	is:
Person in C		11 0	Tandville Itd., WESTERVILLE, OH, 45001	Complaint		۵0	,,,, () , ()
		ST	ORES, LLC	Pre-Operat Temporary		[C	NC_	<u> </u>
Responsible	Person's	E-mai	11	HACCP		Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	-r		Other (list)		1()2	(•) ₃ ($)_4\bigcirc_5\bigcirc$
EXEM						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 VIOI	LATIONS" 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 inspe	ection			
			<u> </u>					
			<u> </u>					
Received by	(name and	title p		Inspected by (nate Christin				
Received by	(signature)	II.		Inspected by (sig	gnature):			
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		ΚII	NG #1002	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	(812-634-9669	11/27	2023	23
			N STREET, JASPER, IN, 47546	⁽ 315-424-0513			
Owner CARR	OLS	11	C	Purpose: Routine	Follow-up NO		e Date 07/2023
Owner's Ad			<u> </u>	Follow-up		of Violation	
968 JA	MES	ST	REET, SYRACUSE, NY, 13203	Complaint	Summary		
Person in C	harge			Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_) , ()
richard				Temporary		110	^
Responsible	e Person's	E-mai	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo	and Handle			Other (list)	1000	\bigcirc_3),(),()
			son 7/16/2025			<u></u>	4 <u>0</u> 3 <u>0</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"	<u> </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
			No violations observed at time	ne of inspection.			
Received by	(name and	title p	printed):	Inspected by (name and title p	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

Establishme GI #8				Telephone Number (812-482-4331	Date of Insp (mm/dd/yr)		ID# 33
Establishme	ent Addres		mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 813 ⁻ 740-0422	11/22	/2023	
		IAI	NA LLC	Purpose:	Follow-up NO		e Date 02/2023
Owner's Ad		٩N	KLIN ST, TAMPA, FL, 33602	Follow-up Complaint	Summary	of Violation	is:
Person in C kaylee	U			Pre-Operational	c_1	NC_	$\frac{1}{2}$ R $\frac{1}{2}$
Responsible		E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo			4-15-2024	Other (list)	$1 \bigcirc 2$	<u>3</u>	0_4 0_5
• 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				orrected By
344	С		Observed cooling rack blocking handwa			Col	rrected
			3-compartment sink, preventing employ	ees from properly w	ashing		
			hands.				
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		<u> </u>	NAADT ((00 (11 (1 1 1)	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			MART #32 (Huntingburg)	812-683-5003	11/07/2	2023	43
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 812-547-6435	1 170772	_020	
Owner C & S	INIC			Purpose:	Follow-up NO		te Date 17/2023
Owner's Ac				✓ Routine			
		39,	TELL CITY, IN, 47586	Follow-up Complaint	Summary of	_	
Person in C	harge			Pre-Operational	$\begin{bmatrix} c \end{bmatrix}$	NC_) _R U
Brent	Lechr	ner	•	Temporary		110	
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	10,0	•)3($)_4\bigcirc_5\bigcirc$
			-19-2027			<u></u>	<u> 1030</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			Го Ве Со	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		N /1 /	ACY #6881 (HUNTINGBURG)	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	(812-683-3309	1 1/0/	/2023	51
			REET, HUNTINGBURG, IN, 47542	⁽ 401 ⁻ 770-5324			
Owner HOOK	(- SL	JPE	ERX, LLC.	Purpose:	Follow-up		ne Date 17/2023
Owner's Address				Follow-up	Summary	of Violatior	
ONE CVS DRIVE, MAIL CODE #1160, WOONSOCKET, RI, 02895 Person in Charge				Complaint	\cap) (
		C/	ASTELLO	Pre-Operational	C	NC_	$\frac{2}{R}$
Responsible				Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo				Other (list)	100	\odot_3),()()
Exemp		er				<u> </u>	<u>′4∪3∪</u>
• CRITICAL	ITEMS AR	RE 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
347	NC		The ladies restroom didnt ha	ve paper towels		05/0	7/2024
218	NC		Double door white freezer holding frozen m	neals is not working p	roperly	05/0	7/2024
							
Received by	(name and	l titla i	printed):	Inspected by (name and title pr	rinted):		
Received by	(name and	i titic 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

Establishme		_	NERAL STORE #4509	Telephone Number (812-329-2650)	Date of Ins (mm/dd/yr)	1D# 58
Establishme	ent Addres	ss (nui	mber and street, city, state, zip code)	(a.1)0wner	11/27	/2023	
4117 N	<u> 1 MAI</u>	<u> </u>	HEIM RD., JASPER, IN, 47546	615-855-4000			
Owner DOLG	ENC	OR	RP, LLC.	Purpose: Routine	Follow-uj		se Date 07/2023
Owner's Ad	ddress			Follow-up	Summary	of Violation	ns:
		RIE	OGE, GOODLETTSVILLE, TN, 37072	Complaint		() (
Person in C				Pre-Operational	$_{\rm C}$ ${ m U}$	NC_	\mathcal{L}_{R}
rebeco				Temporary) (T	/G 11:	
Responsible	Person's	E-mai	u	НАССР	Menu Typ	e (See aaan	tional page)
Certified Fo	ood Handle	er	_	Other (list)	1()2	\bigcirc_3	$)_4\bigcirc_5\bigcirc$
Exemp		-			1	<u></u>	<u> </u>
-		E IDF	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
			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:			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		ЭF	ENERAL STORE #7817	Telephone Number (812-367-0527	Date of Ins (mm/dd/yr)	1D# 59
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)		11/18	/2023	0.9
1801 3	SR 16	32,	FERDINAND, IN, 47532	615-855-4000			
Owner DOLG	ENC	OR	RP, LLC.	Purpose: Routine	Follow-uj		se Date 28/2023
Owner's Ac	ldress			Follow-up	Summary	of Violation	ns:
		RIL	DGE, GOODLETTSVILLE, TN, 37072	Complaint	1	() 1
Person in C		2		Pre-Operational	C	NC_	<u> </u>
Responsible			il	Temporary	Menu Tyr	e (See addi	tional page)
•				НАССР			
Certified For Exemp		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 "SUI	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 several dented cans o	n the shelf for reta	il.	11/3	30/2023
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 DAIR		JF	 FN	Telephone Number (812-683-5083	Date of Insp (mm/dd/yr)		ID# 63
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) ST, HUNTINGBURG, IN, 47542	(\ Owner	11/2//	2023	
Owner	N IVI/AI	1 1 (51, 1101111110B01(0, 111, 47542	Purpose:	Follow-up	Releas	e Date
Thorn		En	terprises LLC	Routine	No		07/2023
Owner's Ad		, _[2-l	Follow-up	Summary o	f Violation	is:
		2, L	Delphi, IN, 46923	Complaint	1	\boldsymbol{c}	1
Person in C		En	terprises LLC	Pre-Operational	C	NC_	/ R_I
Responsible			•	Temporary	Menu Type	(See addit	tional page)
				HACCP			
Certified For Carrie			exp 02/08/2028	Other (list)	1 <u>0</u> 2		<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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
296	С	R	Observed buildup of debris on blizzard	d sauce pumps and	d drink	12/0	7/2023
			machine nozzles in dini	ning room.			
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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				T			
	RIBA		I STOP INN, INC.	Telephone Number (812-683-4220)	Date of Ins (mm/dd/yr 11/07	j	1D# 73
Establishm 314 13	ent Addres BTH S	is (nu TRI	mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	⁽ 812-309-2624	11/07	72023	
Owner WAYN	NE FE	HF	RIBACH	Purpose:	Follow-up		te Date 17/2023
Owner's Ac 980 S [RUI	N ROAD, HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
	NE FE		RIBACH	Pre-Operational Temporary	c_ U	NC_	I _R U
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For bob Se			/2028	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)4</u> 05 <u>0</u>
• CRITICAI	L 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			To Be Co	orrected By
297	NC		Kitchen fridge has food an	d dirt build up		05/0	7/2024
Received by	(name and	title	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

	ETO'		N IGA #460	Telephone Number (812-683-4658	Date of Ins (mm/dd/yr 11/27)	ID# 99
			mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	⁽ 812 ⁻ 482-1366	11/27	72023	
Owner HOUC	CHEN	1 S	NORTH FOODS LLC	Purpose: Routine	Follow-uj		e Date 07/2023
	ARTL	ΕY	STREET, JASPER, IN, 47546	Follow-up Complaint		of Violatior	
Person in C	S CO			Pre-Operational Temporary			$\frac{2}{R}$
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo			NS exp 04/27/2028	Other (list)	102	<u>3</u>) ₄ <u>O</u> 5 <u>O</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 "SUN	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 expired items (hot dog	s, lunch meat, iced	coffee)	12/0	7/2023
			on the shelf reta	ail.			
144	С	R	Observed severely dented cans of	on the shelf for reta	ail.	12/0	7/2023
177	NC	R	Observed boxes (cake containers and to-	-go boxes) being sto	red on	05/2	27/2024
			the floor in bakery stora	age room.			
418	NC		Observed employee cup being stored	d in the walk-in free	zer in	05/2	27/2024
			deli/bakery area with retail product and no				
			area.	·			
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

Establishm)F	PF PIES	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID# 101
			mber and street, city, state, zip code)	(812-661-2110	11/10/4	2023	101
			E, BIRDSEYE, IN, 47513	⁶ 812-661-2110			
Owner DAVII) & J(YC	CE HOPF	Purpose:	Follow-up NO	Releas	e Date 28/2023
Owner's Ac		<i>-</i> -	DIDDOENE IN 47540	Follow-up	Summary of	Violation	is:
35/U \ Person in C		5 E	E, BIRDSEYE, IN, 47513	Complaint		() ()
		YC	CE HOPF	Pre-Operational	C	NC_	R C
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	(See addii	ional page)
Certified Fo	and Handle			Other (list)	100),(•)),()_5()
			. 3/13/2028			<u></u>	4030
• CRITICAL	LITEMS 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 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

Establishme	ER F	s (nui	DWERS & GIFTS mber and street, city, state, zip code)	(S)	12-634-2700 312-309-1404	Date of Ins (mm/dd/yr 11/29		113
Owner LISA L			N STREET, JASPER, IN, 47546 Γ	Pu	rpose:	Follow-uj		le Date 09/2023
Owner's Ac 3865 \ Person in C LISA L	N 250 Tharge		, JASPER, IN, 47546		Follow-up Complaint Pre-Operational	Summary C	of Violation	_
Responsible	e Person's	E-mai	il		Temporary HACCP Other (list)	Menu Typ	e (See addi	tional page)
• CRITICAL	ITEMS AR	E IDE	3/12/2025 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			1	To Ro Co	orrected By
Section#	CINC	K		_	of in an action		то ве с	Trected By
			No violations observed at time	е (or inspection.			
Received by	(name and	title p	printed):	Insp	pected by (name and title pr	inted):		
-	·	•	,	K۱	ymberlee	,		
Received by	(signature):		_	pected by (signature):			
	(5			- 1	3 (2).			
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	SILVER'S #70196 mber and street, city, state, zip code)	Telephone Number (812-482-2132	Date of Ins (mm/dd/yr 11/27		1D# 128
3960 N	I. NEV	VT(ON STREET, JASPER, IN, 47546				
		10	NE LLC	Purpose: Routine	Follow-up No		e Date 07/2023
Owner's Ac		ВΥ	PARK AVE, LOUISVILLE, KY, 40222	Follow-up Complaint	-	of Violation	
Person in Co		ma	 an	Pre-Operational	c	NC_	$R_{\rm R}$
Responsible				Temporary	Menu Typ	oe (See addit	ional page)
				HACCP Other (list)			
Certified Fo			exp. 2/2/2028		1 <u>U</u> 2	<u> </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	rrected By
192	С		Observed pan of expired shrimp on the	ne shelf in walk-in o	cooler.	12/0	7/2023
218	NC		Observed single door standup freezer to	have a broken hand	lle and	05/2	27/2024
			door gaskets in need	of repair.			
129	С		Observed employee not washing hands af	ter touching cell phor	ne then	12/0	7/2023
			preparing food	d.			
			1 1				
Received by	(name and	title j		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		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	(04) Owner 0454	11/29	/2023	
Owner maria	lova			Purpose:	Follow-uj		e Date 09/2023
Owner's Ac				Routine			
		۱A۱	H DR., NEWBURGH, IN, 47630	Follow-up Complaint		of Violation	
Person in C Martin		a Jr		Pre-Operational	c_ _	NC	<u> </u>
Responsible				Temporary HACCP	Menu Typ	oe (See addii	tional page)
Certified Food Handler				Other (list)	$1\bigcirc 2$	\bigcirc_3	$)_4$ \bigcirc_5 \bigcirc
FREDI	E CRI	JZ	5/20/24				
• CRITICAL	LITEMS 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	1	
Section#	C/NC	R	Narrative				orrected By
173	С	R	Observed raw hamburgers being stored		iood in	Col	rrected
		_	single door refrigerator b	•			
295	С	R	Observed buildup of dust/dirt/debris on cod		oler by	12/1	11/2023
			ice machine.				
177	NC	R	Observed boxes being stored on the floor in				29/2024
217	NC		Observed food being stored in bags una				29/2024
347	NC	R	Observed no paper towels at handwas	shing sink by dishwa	asher.	05/2	29/2024
170	NC		Observed canned drink being chilled in	ice bin behind bar w	/ith ice	Col	rrected
			used for drinks	S			
D : 11				Y			
Received by	(name and	title p		Inspected by (name and title pr Kymberlee	inted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		D'	S #5349 (Jasper South)	Telephone Number (812-482-7778	Date of Insp (mm/dd/yr)		10# 138
Establishm	ent Addres	s (nui	mber and street, city, state, zip code) S, JASPER, IN, 47546	270-566-1749	1 1/01/	2023	100
Owner			K MANN	Purpose:	Follow-up		te Date 11/2023
Owner's Ac		'10	, JASPER, IN, 47546	Follow-up Complaint	Summary o		
Person in C Zach I				Pre-Operational Temporary	c	NC_	$\frac{1}{R}$
Responsible	e Person's	E-mai	il	НАССР	Menu Type		tional page)
Certified For Zach F			2023	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 "SUI		ND IN THE NA	DDATIVE	DELOWAS "D"
Section#	C/NC	R	Narrative	MINIARI OF VIOLATIONS A			orrected By
Section#	C/NC	N	No violations observed at time	no of inspection		то ве сс	orrected by
			ino violations observed at till	ie oi irispection.			
Received by	(name and	title p		Inspected by (name and title possible Kymberlee	orinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme	ont Nama			Telephone Number Date of Inspection ID #				
		_D'	S #575810 (Ferdinand)	(812-998-2023)	(mm/dd/yr)	j	139	
			mber and street, city, state, zip code) PARK ROAD, FERDINAND, IN, 47532	(270-566-1749	11/23/	72023		
Owner SUSA	N & F	RIC	K MANN	Purpose:	Follow-up		e Date 09/2023	
Owner's Ac 3644		loll	ow Ct, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	_	
Person in C		LIN	NG	Pre-Operational Temporary	$C_{\underline{C}}$	NC_	$\frac{0}{R}$	
Responsible	e Person's	E-mai	il	HACCP	Menu Typ	e (See addi	tional page)	
Certified Fo			0/14/2026	Other (list)	1 2	<u></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			To Be Co	orrected By	
			No violations observed at tim	ne of inspection.				
				•				
D : 1:			D	Y	1			
Received by	(name and	title p		Inspected by (name and title properties) Kymberlee	inted):			
Received by	(signature)):		Inspected by (signature):				
cc:			cc:		cc:			



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Establishm	_			Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#	
Lega	cy St	ea	khouse	() Establishment	11/01/	2022	498	
			mber and street, city, state, zip code) Jasper, IN, 47546	⁽ 812-309-0235		2023		
Owner				Purpose:	Follow-up		e Date	
Trace		e		✓ Routine	No	11/	11/2023	
Owner's Ac		۸/ ۱	ON OT 15555 IN 47540	Follow-up	Summary o	of Violation	is:	
		/V I	ON ST, Jasper, IN, 47546	Complaint		()	
Person in C		^		Pre-Operational	$C_{\underline{\mathbf{U}}}$	NC_($R_{\rm R}$	
Responsible	•			Temporary	Manu Trini	(Coo addi	tional mass)	
Kesponsible	e rerson's	c-ma	ш	НАССР	Menu Type (See additional page)			
Certified Fo	ood Handle	er		Other (list)	$ _{1}\bigcirc_{2}($	\bigcirc 3 \bigcirc	$)_{4}\bigcirc_{5}\bigcirc$	
			2/11/2024			<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 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 r	printed):	Inspected by (name and title p	rinted):			
- ,	,	r		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 (11' 1	4 NT			T	1 NY 1	D-4 61	4	TD #
	LITY		N & SUITES		ephone Number 12-367-1122	Date of Ins (mm/dd/yr		10# 164
			nber and street, city, state, zip code) REET, FERDINAND, IN, 47532	⁽ 8	12-661-9658	11720	72020	
Owner PRAV	EZ S	HA	RMA		rpose: Routine	Follow-uj		e Date 09/2023
Owner's Ac 3289 \$		ΗA	RLES ST, JASPER, IN, 47546		Follow-up Complaint	Summary	of Violation	ns:
Person in C		HA	RMA		Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible	e Person's	E-mai	1	=	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			Jr 1/20/2026		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</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 "SUI	MMA	RY 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 tim	ne d	of inspection			
			. To violatione about ou at the		op			
Received by	(name and	title p	/		ected by (name and title pr	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

Establishment Name	ATEDINIC		Telephone Number	Date of Inspec (mm/dd/yr)	tion	ID#
SANDER C			812-634-1018	11/15/2	023	169
	umber and street, city, state, z ST., JASPER,		⁽ 812 ⁻³⁵ 1-4409			
Owner	1		Purpose:	Follow-up	Releas	
Gary Fickas	Jr		✓ Routine	No	11/2	25/2023
Owner's Address 7633 S US Hig	ıhwav 231. Huntii	ngburg, IN, 47542	Follow-up	Summary of	_	
Person in Charge	,		Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	$_{\rm NC}$)
Gary Fickas	Jr		Pre-Operational	<u> </u>	NC_	_ R
Responsible Person's E-m			Temporary	Menu Type (See addit	ional page)
			НАССР			
Certified Food Handler	locaior ava 04/2	1/2020	Other (list)	1 <u>U</u> 2 <u>U</u>	<u>)</u> 3 <u>©</u>	<u>4050</u>
	loosier exp. 04/2					
		T AND NARRATIVE COLUMNS M				
		ONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN			
Section# C/NC R		Narrative		T	o Be Co	rrected By
	No viola	tions observed at tin	ne of inspection.			
Descrived by (name on 1991	a mintad):	-	Ingressed by (r	sintad):		
Received by (name and title	e printea):		Inspected by (name and title properties) Kymberlee	intea):		
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 SCHI		EL	BANK CATERING	Telephone Number (812-634-2584	Date of Ins (mm/dd/yr	j	173
			mber and street, city, state, zip code) NUE, JASPER, IN, 47546	⁽ 812-630-1355	11/13	/2023	
Owner GAIL	HETT	IN	GER	Purpose:	Follow-up No		e Date 25/2023
	190 l	٧, ،	JASPER, IN, 47546	Follow-up Complaint	-	of Violation	
Person in C Logan	Hetti			Pre-Operational Temporary			0_{R}
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified Foundation Territories Jamie			o. 04/03/2023	Other (list)	1 2	<u>3</u>	<u> 1405</u>
• CRITICAI	L ITEMS AR	E IDE	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
			No violations observed at	time of inspection.			
				·			
Received by	(name and	title p	orinted):	Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature)):		Inspected 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

					_		
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	11/13	/2023	
		SE	LMAN	Purpose: Routine	Follow-up No	Release 11/	e Date 25/2023
Owner's Ad		ode	erville Rd., JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C Barb L		eh	usen	Pre-Operational Temporary	c_ U	NC_	R_
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified For Barb L			ısen exp. 04/03/2023	Other (list)	102	<u>3</u>	<u>4</u> 050
• 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 "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	R	Observed buildup of dust/dirt/debris on ceili	ing tiles, chains and c	abinets	05/	15/2024
			above cookline and around d	ishwashing area.			
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 SNAF				Telephone Number (812-848-7627	Date of Ins (mm/dd/yr)	i	177
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	(812-639-3022	1 1/0 1	/2023	
Owner KIM N	1ITCH	IEL	L (WTFDS LLC)	Purpose:	Follow-up		te Date 11/2023
Owner's Ac		Ε, 、	JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	1ITCH		L (WTFDS LLC)	Pre-Operational Temporary	<u>c_U</u>	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo			EXP 10/4/2027	Other (list)	1 2	<u>3</u>	<u>14050</u>
• CRITICAL	L 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
177	NC	R	Observed boxes being stored on f	loor in walk-in free:	zer.	05/0	01/2024
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
	,	,		Kymberlee	,		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		#1	0492 (Ferdinand)	Telephone Number Date of Inspection (mm/dd/yr)			
			mber and street, city, state, zip code)	(81 2 -367-0808	1 11/23/2	2023	184
			ARK SUITE A, FERDINAND, IN, 47532	⁽ 270-826-3183			
Owner JASO	N TR	OX	EL/JEFF TROXEL	Purpose: Routine	Follow-up	Releas	e Date 09/2023
Owner's Ac				Follow-up	Summary of		
P.O. B	OX 72	24,	HENDERSON, KY, 42419-0724	Complaint		Violation) ^
Person in C		10	N TROXEL	Pre-Operational	c_ U	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	(See addii	tional page)
				HACCP		\ G	
Certified Fo			06/2023	Other (list) 	102	<u>)</u> 3 <u> </u>)4 <u>05</u> 0
• 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	ND 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 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				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
SUPE				812-481-2008	11/29/	2023	190
			mber and street, city, state, zip code) STREET, JASPER, IN, 47546	(812-630-9936	11/23/	2020	
Owner	0110	Λ . Τ	·F1	Purpose:	Follow-up		e Date
DAXE		ΑI	EL	Routine	No	12/	09/2023
Owner's Ac 75 IN[4 S	STREET, JASPER, IN, 47546	Follow-up Complaint	Summary o	_	
Person in C				Pre-Operational	$_{\rm C}$ U	NC_($\bigcup_{\mathbf{R}} \mathbf{U}$
Prites				Temporary	·		
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc (76	
Certified For Daxes			exp. 7/26/2026		1 2	<u>3</u> C	4050
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	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		r	Го Ве Со	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:		



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Establishme SURF		ΔΥ	' PLUS	Telephone Number	Date of Insp (mm/dd/yr)	ection	тр# 191
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	(812-482-5555 (509-759-5544	11/29/	2023	191
	EKIN	DII.	NG ROAD, JASPER, IN, 47546				
Owner GAGA	NDE	ΕP	BASRA	Purpose:	Follow-up No		se Date 09/2023
Owner's Ad		SIN	NG ROAD, JASPER, IN, 47546	Follow-up	Summary o	of Violation	ns:
Person in C		<u> </u>	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Complaint	$\begin{bmatrix} 1 \end{bmatrix}$	NC_(\cap
SONIA	4 BAS			Pre-Operational Temporary	C	NC_	R C
Responsible	e Person's	E-ma	il	HACCP	Menu Type	e (See addi	tional page)
Certified Fo			D	Other (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
Gagan	aeep	ა.	Basra exp. 1/8/2028				
• CRITICAL	. ITEMS AR	E 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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
344	С		Observed hand washing sink being used for	or other purposes tha	n hand	12/	11/2023
			washing (thawing foods) preventing emplo	yees from properly w	ashing		
			hands.				
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				Telephone Number	Date of Ins		ID#
TACC) BE	LL	#28879 (Jasper)	812-634-9536	(mm/dd/yr 11/27		194
			mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	(a.4)Owner	11/2/	/2023	
Owner BELL	INDIA	١N٨	A, LLC	Purpose: Routine	Follow-up No		ne Date 107/2023
Owner's A		DI.	VD STE 250 INDEDENDENCE OF 44424	Follow-up	Summary	of Violation	ns:
Person in C		DL	VD. STE 250, INDEPENDENCE, OH, 44131	Complaint		NC_	\cap
		١N	A, LLC	Pre-Operational	C	NC_	R
Responsible			•	Temporary HACCP	Menu Typ	e <i>(See addi</i>	tional page)
G 10 15				Other (list)			\bigcirc
Certified Fo			OX 6-22-2027		1	<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
			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):			
20:					20:		
cc:			cc:		cc:		



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Establishme			#21602 (Fordinand)	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			#31692 (Ferdinand)	812-367-0817	11/29/2	2023	195
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	(503-722-2825			
Owner BELL	INDIA	١N٨	A, LLC	Purpose: Routine	Follow-up NO		Date 09/2023
Owner's Ad				Follow-up	Summary of	Violation	ns:
		BL'	VD. STE 250, INDEPENDENCE, OH, 44131	Complaint	$\mathbf{\hat{\Gamma}}$	_	
Person in C Randy	0			Pre-Operational	$_{\rm C}$	NC_($\frac{1}{R}$
Responsible		E-ma	il	Temporary	Menu Type	(See addi	tional page)
				НАССР		<u> </u>	
Certified For Randy			. 1/3/2025	Other (list)	1 2	<u>)</u> 3 <u>©</u>	<u>)4U5U</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	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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Establishmo		۸ ۱		Telephone Number	ID#		
			EL LLANO	812-556-0030	(mm/dd/yr 11/15	/2023	196
Establishmo	ent Addres 28Th	HS	mber and street, city, state, zip code) STREET#B, JASPER, IN, 47546	⁽ 812 ⁻³⁵ 1-4571	,	,	
Owner FRAN	CISC	Α (GONZALEZ	Purpose:	Follow-uj		e Date 25/2023
Owner's Ac 1229 \		St	t, JASPER, IN, 47546	Follow-up	-	of Violation	
Person in C	harge		GONZALEZ	Complaint Pre-Operational	$_{\rm C}$ 1	NC_	$\frac{2}{R}$
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР		\bigcirc \bigcirc	
Certified For			zalez exp 11/9/2027	Other (list)	1 2	<u> </u>	<u> 1405</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
144	С	R	Observed severely dented cans of	on the shelf for reta	ail.	11/2	27/2023
199	NC	R	Observed fish and raw meat being that	wed at room tempe	rature.	Co	rrected
217	3					05/1	5/2024
					_		
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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				•				
	NDA		RESTAURANT	Telephone Number (812-634-7861	Date of Ins (mm/dd/yr		10# 199	
Establishmo	ent Addres VEWT	s (nu Ol	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812-309-0053				
Owner ADRIA	AN M	R/	AANDA / Juan A. Miranda	Purpose: Routine	Follow-uj		25/2023	
	7TH S	STR	REET, APT 16, JASPER, IN, 47546	Follow-up Complaint		of Violation	_	
Person in C	MIRA			Pre-Operational Temporary		NC		
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addii	tional page)	
Certified Fo			elgado exp 1/23/2025	Other (list)	102	<u></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	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	Observed foods being stored in bags una	pproved for food sto	rage in	11/2	27/2023	
			freezers and prep table b	y cook line.				
173	С	R	Observed raw chicken and eggs being stor	11/2	27/2023			
			in single door fridge on cookline a	and in walk-in cool	er.			
177	NC	R	Observed boxes being stored on the			05/1	15/2024	
216	NC		Observed cardboard lining the she			05/15/2024		
192	С	R	Observed expired food (sausage, lunch r				rrected	
	_			,				
Received by	(name and	title j		Inspected by (name and title properties) Kymberlee	rinted):			
Received by	(signature)):		Inspected by (signature):				
cc:			ce:		cc:			



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				_	1		
Establishm WEN		#!	57830	Telephone Number (812-683-5905)	Date of Ins (mm/dd/yr		1D# 208
			mber and street, city, state, zip code) TREET, HUNTINGBURG, IN, 47542	(562-425-1402	1 1/27	72023	
		ST	TY CORPORATION	Purpose: Routine	Follow-uj		e Date 07/2023
	ORPOR	RAT	E AVE STE 200, CYPRESS, CA, 90630	Follow-up Complaint		of Violation	
Person in C	<u>HARN</u>			Pre-Operational Temporary		NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	oe (See addii	ional page)
Certified Fo			EW 10/10/2024	Other (list)	102	<u>3</u>)4050
• 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 "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
296	С		Observed buildup of sodas and dirt/debris	s on drink machine b	y drive	12/0	7/2023
			thru window.				
204	С		Observed employees personal items b	eing stored on foo	d prep	Co	rrected
			counter instead of designated	d employee area.			
409	NC		Observed several missing ceiling ti	les throughout fac	ility.	05/2	27/2024
			**Management is aware and is working	g with corporate an	d local		
			vendors on resolving roof	leak issue.**			
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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Establishme	DY'S	s (nu	11099 mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	Telephone Number (812-482-3111 (562-425-1402) Purpose:	Date of Instance (mm/dd/yr 11/27	7/2023	ID# 210
	FROS	T?	CORPORATION	Routine	No		07/2023
Owner's Ac		AT	E AVE STE 200, CYPRESS, CA, 90630	Follow-up	-	of Violation	
Person in C		.,	2 7 V 2 3 1 2 200, 3 1 1 1 2 3 3, 3 7 1, 3 3 3 3 3	Complaint Pre-Operational	$_{\rm C}$ 1	NC_1	1
John S	Swick			Temporary	·	. NC	_ K
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addit	ional page)
Certified Fo	ood Handle	or		Other (list)	10,	\bigcirc_3	$1/\sqrt{5}$
			(p 9/7/2025		1	<u></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	rrected By
187	С	R	Observed chili on the line being held at 127	degrees Fahrenheit in	nstead	Coi	rected
			of the minimum of 135 degre	ees Fahrenheit.			
346	NC		Observed no hand soap at hand wash	hing sink by dishwa	ashing	12/0	7/2023
			machine.				
Received by	(name and	title j		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

E 4 12 1	4 NT			TO I I NO I	D-4£I	4:	ID #
Establishm Badbloo		DB	A Jimmy John's Gourmet Sandwiches	Telephone Number (812-556-0185)	Date of Ins (mm/dd/yr)		308
			mber and street, city, state, zip code) TREET, JASPER, IN, 47546	⁽ 812-556-0185	11/29	2023	
Owner 10877	WES	ST	ENGLISH COURT	Purpose:	Follow-up		se Date 09/2023
Owner's Ac 10877 V		ENG	GLISH COURT, NEWBURGH, IN, 47630	Follow-up Complaint	Summary	of Violation	
Person in C 10877		T	ENGLISH COURT	Pre-Operational	C O	NC_	$\frac{\mathbf{J}}{\mathbf{R}} = \mathbf{U}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Formichae			d 6/12/23	Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	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.			
Received by	(name and	title _l		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		
Ī							



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Establishmo PUB		Rl	 JB	Telephone Number (812-559-0643	Date of Ins (mm/dd/yr)		1D# 369
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) NST., JASPER, IN, 47546	812-631-0188	11/01	/2023	
Owner JARE				Purpose:	Follow-up		se Date 11/2023
Owner's Ac 3510		WΤ	ON ST, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C	EY P			Pre-Operational Temporary	c_ U _	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ		tional page)
Certified Fo			2/11/2024	Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/4050</u>
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	NC		Observed boxes being stored on floor in d	ry storage areas and	walk-in	05/0	01/2024
			freezer.				
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

Establishmo DUNI				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
		- (orbon and about the state of and a	856-904-2222	11/27/2	2023	403
3085 N	NEWT		nber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 856-904-2222			
Owner SAGA	R DE	SA	N.	Purpose: Routine	Follow-up	Releas	e Date 07/2023
Owner's Ac				Follow-up	Summary of		
4672 F	PICAD	ILL	Y CIRCLE, JASPER, IN, 47546	Complaint			
Person in C		SA		Pre-Operational	c_ U	NC_	$\frac{\mathbf{D}}{\mathbf{R}}$
Responsible				Temporary	Menu Type	(See addi	tional page)
				НАССР		~ ~	
Certified Fo			nan exp. 2028	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	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		7	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		-\^	/FD LLO	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#		
			VED LLC	812-661-9576	11/18/	2023	420		
			mber and street, city, state, zip code) RIDGE DR, ST. ANTHONY, IN, 47575	⁽ 812-661-9576	117107	2020			
Owner CRAIC	3 & L	OR	RI WEYER	Purpose:	Follow-up NO		e Date 28/2023		
Owner's Ac	ldress			Follow-up	Summary o	f Violation	is:		
4273 R	OLLIN	G R	RIDGE DR, ST. ANTHONY, IN, 47575	Complaint		_			
Person in C		OR	RI WEYER	Pre-Operational	Complaint Pre-Operational Cemporary CONC				
Responsible	Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)		
				Other (list)	\bigcirc (
Certified Fo		er			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		,	Го Ве Со	rrected 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:				
i									



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	D CA		TAL PIZZA			12-309-4550	Date of Ins (mm/dd/yr		то# 421
			nber and street, city, state, zip code) JASPER, IN, 47546		() Owner	, . •	,	
Owner KYLE	& JA	MIE	JAHN			rpose: Routine	Follow-uj		e Date 28/2023
Owner's Ac		۷, ۷	7546			Follow-up Complaint	-	of Violation	
Person in C	harge & JA	MIE	JAHN			Pre-Operational Temporary	c_ U	NC_	0_{R}
Responsible	e Person's	E-mai	I		=	НАССР	Menu Typ	oe (See addi	tional page)
Certified Fo			26			Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
			NTIFIED IN THE CHECKLIST AND NARRATIVE						
			FROM PREVIOUS INSPECTIONS ARE DENOTEI		ΜА	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R		arrative		of in an action		To Be Co	orrected By
			No violations observ	ed at tim	ie (or inspection.			
Received by	(name and	title p	rinted):			ected by (name and title pr	inted):		
Received by	(signature)) :				ected by (signature):			
cc:			cc:	l			cc:		



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

Establishme				Tel	ephone Number	Date of Ins		ID#	
ZAXE	BY'S			(8	12-559-0949	(mm/dd/yr	/2023	426	
			mber and street, city, state, zip code) EIM ROAD, JASPER, IN, 47546	(_	02-648-0099	1 1/21	/2023		
Owner	Ι Δ				rpose:	Follow-u		se Date	
Gerald		es_		~	Routine	No	12/	07/2023	
Owner's Ac		R	oad, Louisville, KY, 40299	\equiv	Follow-up	Summary	of Violation	1S:	
Person in C		1 ((344, E0413VIIIC, TTT, 40200	=	Complaint	\mathcal{L}	() _()	
Pat W		ld		H	Pre-Operational	<u>c</u>	NC_	<u> </u>	
Responsible	e Person's	E-mai	il	H	Temporary	Menu Type (See additional page)			
				H	HACCP				
Certified Fo			xp. 8/29/2027		Other (list)	1 <u>U</u> 2	<u>3</u>	<u>/45</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 "SUM	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 time	ne c	of inspection.				
Received by	(name and	titla +	printed).	Inco	ected by (name and title pr	inted):			
Received by	(name and	i uue j	*		/mberlee	inted).			
Received by	(signature)):		Inspe	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	_) Or	al #24064	Telephone Number Date of Inspection (mm/dd/yr)			ID#
				812-380-7170	11/20	/2023	462
			mber and street, city, state, zip code) Rd 162, Huntingburg, IN, 47542	615-855-4000			
Owner Dollar	Gene	era	l Store #24064	Purpose: Routine	Follow-uj		se Date 30/2023
Owner's Ac	ldress			Follow-up	Summary	of Violation	ns:
100 Miss	ion Ridg	ge A	ttn: Tax Licensing, Goodlettsville, TN, 37072	Complaint	1) 0
Person in C	harge			Pre-Operational	\mathbf{C}	NC (\mathcal{I}_{R} \mathbf{U}
Kris				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo	ood Handle	er		Other (list)	$1\bigcirc 2$	\odot_3	$)_{4}\bigcirc_{5}\bigcirc$
Exemp					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 "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative Narrative			To Be Co	orrected By
192	С		Observed expired lunchmeat on	the shelf for retail		11/3	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:		



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

Starb		С	offee #69077	Telephone Number (812-556-3608)	Date of Ins (mm/dd/yr)	то# 481
			mber and street, city, state, zip code) on St, Jasper, IN, 47546	(206-318-1575	11/06	/2023	
Owner			-	Purpose:	Follow-up		
Starbu		اںر	iee	Routine	No	1 1/	16/2023
Owner's Ac		142	2-TAX2, Seattle, WA, 98124	Follow-up	Summary	of Violation	
Person in C		1 12	- 17772, Coatto, 7771, CO121	Complaint	_ 1	NG	$\lfloor_{R} \rfloor$
Alie Fa				Pre-Operational	C_•	NC	<u> </u>
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)
				HACCP			
Certified For Alie Fa		er		Other (list)	1 <u>U</u> 2		<u> 405</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	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	rrected By
177	NC	R	Observed boxes of cups being stored o	on the floor in kitcher	n area.	11/1	6/2023
344	С		Observed hand sink in kitchen area being	g obstructed by coolir	ng rack	11/1	6/2023
			preventing employees from ac	cessing hand sink.			
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 CUL\		SC	OF JASPER	Telephone Number (812-219-4938	Date of Ins (mm/dd/yr		1D# 483
			mber and street, city, state, zip code) TON ST, JASPER, IN, 47546	(o.4.)Owner o.4000	1 1/27	/2023	
Owner SCOT	T LA	SK	OWSKI	Purpose: Routine	Follow-up No		ne Date 07/2023
	N. NE	W	TON ST, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
	T LA		OWSKI	Pre-Operational Temporary	<u>c_U</u>	NC_	
Responsible			il	НАССР	Menu Typ	e (See addi	tional page)
Certified For JORD			RK EXP. 8/06/2024	Other (list)	12	<u>3</u>	<u> </u>
• CRITICAL	ITEMS AR	E IDE	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		1	To Be Co	orrected By
Sections	Crite		No violations observed at t	ime of inspection		10 20 00	Jirected By
			No violations observed at t	ine or mapection.			
Received by	(name and	title p	printed):	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

Establishme SIPS		S	NACKS	Telephone Number (812-912-0803	Date of Ins (mm/dd/yr)		ID# 484
			mber and street, city, state, zip code)		11/18	/2023	404
8104 S	FERD	INA	ND RD NW, FERDINAND, IN, 47532	⁽ 812-912-0803			
Owner JORD	AN &	BF	RITTNEY LUNDY	Purpose: Routine	Follow-up No		e Date 28/2023
Owner's Ac		INIA	ND DD NW FEDDINAND IN 47522	Follow-up	Summary	of Violation	ns:
Person in C		IINA	ND RD NW, FERDINAND, IN, 47532	Complaint	1	() ()
		BF	RITTNEY LUNDY	Pre-Operational	C	NC_	R C
Responsible				Temporary	Menu Typ	e (See addii	tional page)
				HACCP		\bigcirc_3	
Certified Fo			3-2028	Other (list)	1 2	<u>J</u> 3	<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 "SU	MMARY OF VIOLATIONS" AN	D IN THE N.	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
344	С		Observed items blocking hand sink prevent	ing employees from p	roperly	11/2	28/2023
			washing hand:	S.			
Received by	(name and	title p		Inspected by (name and title polymberlee	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 6115 \ Owner Roche Owner's Ac 6115 \ Person in C	Originent Address W Address W Address W Address Harge	ence am	Dawgs, LLC mber and street, city, state, zip code) is, Richland, IN, 47634 derson is, Richland, IN, 47634 derson ii	8 Pu V	lephone Number 312-686-0837 312-686-0837 rpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary	7) 3/2023 p Releas	<u>0</u> <u>R</u> <u>0</u>
Certified Fo			rp. 6/24/2026	—	HACCP Other (list)	102	<u></u>	0_4 0_5
			•	LADE	TED "C"			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI			D IN THE N	IARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative					orrected By
			No violations observed at tim	ne (of inspection.			•
					·			
							l	
							- I	
							- I	
Received by	(name and	title p			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	ont Nama			Telephone Number	Date of Ins	noation	ID#
Owsle		\triangle	Indo	_	(mm/dd/yr		
			G	812-559-0367	11/01	/2023	497
225 R	ent Addres ivar (ss (nu ``D'	mber and street, city, state, zip code) Iter Landing, Jasper, IN, 47546	317-716-8042			
Owner	IVEI C	<i>/</i> CI	iter Landing, Jasper, III, 47 340	Purpose:	Follow-uj	Palan	se Date
Owsle	y Bea	ar L	_LC	Routine	No		10/2023
Owner's Ac				Follow-up	Summary	of Violation	ns:
225 R	iver C	en	iter Landing, Jasper, IN, 47546	Complaint			
Person in C	harge			Pre-Operational	$\frac{1}{c}$	NC_($\mathcal{F}_{\mathbf{R}}$
JANE				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified Fo			YSSE 5-23-2028		1 2		<u>/405</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
	. ,		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		Several food storage containers were s	seen being stored o	n the	05/0	01/2024
			floor of the back stora	ige room			
Received by	(name and	titla	printed):	Inspected by (name and title p	rinted):		
Acceived by	manic allo	i uuc j		Christina Pie			
Received by	(signature):		Inspected by (signature):			
				- · · ·			
cc:			cc:		cc:		



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Establishme						Te	lephone Number	Date of In (mm/dd/y	spection	ID#
ACAI	XPR	ES	SS LLC			(8	12-556-2555		6/2023	540
			nber and street, city, state,				12-827-9826	1 1/10	12023	
	us nv	۷y ۷	231, jasper, IN	, 47546					In.	<u> </u>
Owner MARIA		AC	IANO			_	rpose: Routine	Follow-u No		se Date 23/2023
Owner's Ad	ldress						Follow-up Complaint	Summary	of Violation	•
Person in C	harge						Pre-Operational	CU	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$
MARIA	<u> 4 GR</u>	<u> </u>	IANO				Temporary	C		K
Responsible	e Person's	E-mai	1				НАССР	Menu Ty	oe (See addi	tional page)
Certified Fo	3 77 31						Other (list)	100	\bigcirc	\bigcirc
has 6 i			get			_		1 2	<u> </u>	<u>/4030</u>
			NTIFIED IN THE CHECKLIS	T AND NARRATIVE (COLUMNS N	MARK	ED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTI	ONS ARE DENOTED	IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Nar	rative				To Be Co	orrected By
				Ok to	operate	е				
Received by	(name and	title p	orinted):				ected by (name and title properties Pie			
Received by	(signature)):				Insp	ected by (signature):			
cc:				cc:				cc:		



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Establishm			_	Telephone Number	Date of Insp (mm/dd/yr)		ID#		
Parlo	r Dou	ıgl	nnuts - Jasper	812-848-2244	11/01/		516		
			mber and street, city, state, zip code)	812 ⁻⁴⁹ 9-1582	1 1/0 1/	2023			
	ewtor	า S	T, Jasper, IN, 47546						
Owner	set Co	\ff_	ee & Donuts Company	Purpose:	Follow-up NO		se Date // 11/2023		
Owner's Ac		אווכ	e & Donats Company	Routine					
		n C	ircle, Newburgh, IN, 47630	Follow-up Complaint	Summary o				
Person in C			, , ,	Pre-Operational		NC_	I _B ()		
John ⁻	Γate				K				
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type (See additional page)				
Certified Fo			5/15/2028	Other (list)	1 2		<u>/405</u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	<u> </u>				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE NA	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
177	NC		Observed boxes of cups and to-go contain	ers, being stored on th			01/2024		
			in dry storage ro						
			in any everage is						
					+				
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

Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#	
La Mo	orole	on	LLC	812-803-0889	11/30		518	
			mber and street, city, state, zip code)	(812-803-0889	11/30	2023		
	III Str	eei	t, Jasper, IN, 47546					
Owner Franci	isco (2112	zman	Purpose:	Follow-up		e Date 10/2023	
Owner's Ac		JUZ	Inan	Routine	_			
		tre	et, Huntingburg, IN, 47542	Follow-up	Summary	of Violation		
Person in C				Complaint Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	ь ()	
Franci	isco C	Guz	zman	Temporary	<u> </u>	NC	K	
Responsible	e Person's	E-ma	il	HACCP	Menu Type (See additional page)			
				Other (list)				
Certified For		er			1 2	<u>3</u> 3	<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	rrected By	
257	NC		Temperature measuring devices missing	g from double door f	fridges	05/3	30/2024	
					T	_		
Received by	(name and	title p	printed):	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				Tel	lephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			ı Love	(8	12-631-9321	11/18/2	2023	537
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)		12-631-9321	1 1/ 10/2	2023	
	SIRK L	riv	e, Jasper, IN, 47546				1	
Owner Danie	II Ster	າft∈	enagel		rpose: Routine	Follow-up NO		e Date 28/2023
Owner's Ad					Follow-up	Summary of	Violation	ns:
		riv	e, Jasper, IN, 47546		Complaint	\mathbf{O}	_	
Person in C Danie		าft∈	enagel		Pre-Operational	c_ U _	NC	P R U
Responsible	e Person's	E-ma	il		Temporary	Menu Type	(See addii	tional page)
					HACCP			
Certified For Daniel			nagel exp. 11/07/2026		Other (list)	1 <u>0</u> 2	<u>J</u> 3 <u>C</u>	<u> 14050</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	INS MARK	ED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMA	RY 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 o	of inspection.			
Received by	(name and	title p	printed):		ected by (name and title pr	rinted):		
					ymberlee			
Received by	(signature)):		Insp	ected 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

Establishmo				Telephone Number	Date of Ins (mm/dd/yr		ID#
Rosie				812-326-2201	12/27	/2023	8
			mber and street, city, state, zip code) TREET, ST. ANTHONY, IN, 47575	⁽ 812 ⁻ 631-9480		, 2020	
Owner	_			Purpose:	Follow-uj		se Date
Savan	na &	Sh	nane Haas	✓ Routine	No	01/	06/2024
Owner's Ad 4595		า S	strasse, Jasper, IN, 47546	Follow-up	Summary	of Violation	18:
Person in C		<u> </u>	114666, 646661, 114, 11616	Complaint	1 . 1) _ () _
		Sh	nane Haas	Pre-Operational	C	NC_	R
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo			/03/2026	Other (list)	1 2	<u>3</u>) ₄ <u>0</u> 5 <u>0</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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
438	С		Observed spray bottle with cleaning solut	tion behind bar not la	abeled.	01/0	08/2024
Received by	(name and	title j		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishme		\sim	DRNER	Telephone Number	Date of Inspector (mm/dd/yr)	ction	ID#
			mber and street, city, state, zip code)	812-678-2225	12/19/2	2023	10
			6, FRENCH LICK, IN, 47432	⁽ 812-678-4074			
Owner JOHN	AND	S	ANDRA BAKER	Purpose:	Follow-up	Releas	e Date 29/2023
Owner's Ac				Follow-up	Summary of		
11018	ESF	₹ 5	6, FRENCH LICK, IN, 47432	Complaint		V IOIALIOI) <u> </u>
Person in C		S	ANDRA BAKER	Pre-Operational	c_ U _	NC_	$\frac{1}{R}$
Responsible				Temporary	Menu Type	See addit	ional page)
				HACCP			
Certified Fo			ER 12/5/2027	Other (list)	1 <u>0</u> 2 <u></u>	<u>)</u> 3 <u>©</u>	<u> 405</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" AN	D IN THE NAF	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	rrected By
			No Violations observed at tir	me of inspection			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
			/	Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm	C OVE	s (nu	PIZZA / CHESTER CHICKEN mber and street, city, state, zip code) ENUE, JASPER, IN, 47546	Telephone Number (812-481-2766) (812-309-2097)	Date of Ins (mm/dd/yr 12/13		1D# 18
Owner ROBE				Purpose:	Follow-uj		e Date 23/2023
Owner's Ac 13465		₹ 6	2, GENTRYVILLE, IN, 47537	Follow-up Complaint		of Violation	
Person in C		NI	GHT	Pre-Operational	C	NC_	2 _R 1
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addit	ional page)
Certified Fo			Jr exp. 6-28-2023	Other (list)	102	<u>3</u>	<u>_4</u> _5
• CRITICAL	LITEMS 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		
Section#	C/NC	R	Narrative				rrected By
296	С	R	Observed buildup of dust/dirt/debris on	pizza chain and in r	eed of	12/2	25/2023
440			cleaning.				0/0004
418	NC		Observed employee eating food behir			06/1	3/2024
			designated employee area causing po				
204	NC		Observed employees personal items (bo		n prep	06/1	3/2024
			table tops where food is be	eing prepped.			
Received by	(name and	title :	arinted):	Inspected by (name and title p	rinted):		
Received by	manic and	uuc j		Kymberlee	inica).		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm CHIN		١D	DEN	_	ne Number	Date of Inspe (mm/dd/yr)	ction	ID#
				812-	-367-8200	12/20/2	2023	29
			mber and street, city, state, zip code) RK ROAD, SUITE B, FERDINAND, IN, 47532	⁽ 718 ⁻	909-3092			
Owner	IONIC	. 7		Purpose:		Follow-up	Releas	
		<u> </u>	HANG (LYNN)	✓ Routin	ne	No	12/	30/2023
Owner's Ad		ΞR	DR. N, SANTA CLAUS, IN, 47549	Follow Comp	-	Summary of		
Person in Charge					Operational	$_{\rm C}$ 1	NC_3	$\mathbf{S}_{\mathbf{R}}4$
Hui Li					orary -			
Responsible Person's E-mail					СР	Menu Type	See addit	ional page)
Certified Food Handler					r (list)	1(),(),(•)	$1/\sqrt{50}$
LYNN LIN YE EXP. 07/07/2028						1	<u> </u>	4030
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C	7799			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF	F VIOLATIONS" AND	IN THE NAF	RATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			Т	o Be Co	rrected By
177	С	R	oserved box of lettuce being stored on the floor in walk-in cooler.					1/2024
216	NC	R	pserved cardboard lining shelves in white single door refrigerator by					20/2024
			cookline.					
346	NC	R	Observed no hand soap at handwashing sink, preventing employees				06/2	0/2024
			from properly washing	g hand	ls.			
347	NC	R	Observed no paper towels at handwashing	sink, pr	reventing empl	loyees	Cor	rected
			from properly drying	hands	S.			
Received by	(name and	title p	,		by (name and title pri	inted):		
Received by	(cianoture)	١٠			by (signature):			
Received by	(signature)	<i>)</i> .		mspected t	oy (signature).			
cc:			ce:		T	cc:		



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Establishmo	TON ent Addres	s (nu	T. SUNOCO #55 mber and street, city, state, zip code) N STREET, JASPER, IN, 47546			/2023	то# 35
Owner HAWKS	TONE	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Purpose: Routine	Follow-u		e Date 11/2023
Owner's Ac 9171 (rk ı	rd, harrison, oh, 45030	Follow-up Complaint	Summary	of Violation	
Person in C	_	ASS	SOCIATES INC/DBA TRIUMP ENERGY	Pre-Operational	$_{\rm C}$ $_{\rm C}$	NC_	$\frac{2}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Tyj	pe (See addii	ional page)
Certified Fo			/ER 7/15/2025	Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED 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	rrected By
433	NC		Observed mops not being	g hung to dry.		06/0	3/2024
138	NC		Observed employee preparing food to no	t be wearing a hair re	straint.	06/0	3/2024
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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					_		
Establishm HAYS		_E	SUNOCO #54	Telephone Number (812-695-2505)	Date of Ins (mm/dd/yr 12/19)	ID#
			mber and street, city, state, zip code) JASPER, IN, 47546	(513-367-9900	12/19	/2023	
Owner HAWKS	TONE A	ASS	SOCIATES INC/DBA TRIUMPH ENERGY	Purpose:	Follow-up		se Date 29/2023
Owner's Ac 9171 [FOF	RK RD, HARRISON, OH, 45030	Follow-up Complaint	Summary	of Violation	
Person in C		npe	<u> </u>	Pre-Operational	c_0	NC_	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	L 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
177	NC	R	Several boxes of food items stored on th	e floor of the walk in	cooler	06/	19/2024
Received by	(name and	l title		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

Establishm		\bigcirc F	RTHSIDE	Telephone Number	Date of Ins (mm/dd/yr		ID#
CITGO, NORTHSIDE Establishment Address (number and street, city, state, zip code) 2707 NEWTON STREET, JASPER, IN, 47546				(812-482-6363	12/01	/2023	45
				⁽ 812-631-0620			
Owner	ΕDΛ	S-C	·UE	Purpose:	Follow-u		e Date
JAYM Owner's Ac		<u> </u>	·ПС	Routine	No		11/2023
		ot (Ct., HUNTINGBURG, IN, 475442	Follow-up Complaint	Summary	of Violation	
Person in C	Charge			Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$		$\frac{2}{R}$
			Diana Kleeman	Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified F	ood Handle	er		Other (list)	10^{2}	\bigcirc_3 \bigcirc	$_{4}\bigcirc_{5}\bigcirc$
Diana	Kleen	nan	exp 1/19/2027				
• 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 "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	R	Observed vent above cooking area to have	e buildup of dust/dirt	/debris	06/0	03/2024
			and in need of clea	aning.			
192	С		Observed expired milk and lunch me	at on the shelf for	retail.	12/1	1/2023
177	NC	R	Observed boxes being stored on the flo	Observed boxes being stored on the floor in back storage room.			
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo	AR ent Addres	s (nu	EE #01349 mber and street, city, state, zip code) TREET, UNIT 101, JASPER, IN, 47546			5/2023	ID# 60
Owner DOLL	AR TI	RE	E STORES, INC.	Purpose:	Follow-uj		e Date 16/2023
Owner's Ac	ddress		RKWAY, CHESAPEAKE, VA, 23320	Follow-up		of Violation	
Person in C Kari W	harge		, ,	Complaint Pre-Operational	$_{\rm c}3$	NC_	$\frac{1}{2}$ $\frac{3}{2}$
Responsible			il	Temporary HACCP	Menu Typ	oe (See addit	ional page)
Certified Fo		er		Other (list)	102	<u></u>	<u>4</u> 050
• CRITICAL	LITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				rrected By
144	С	R	Observed severely dented cans of	on the shelf for reta	λil.	Coi	rected
192	С	R	Observed expired milk on the	e shelf for retail.		Coı	rected
144	С	R	Observed overcrowding of boxed prod	uct in back storage	which	12/1	8/2023
			could cause potential infestation	n of insects/vermin			
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
	`			Kymberlee	ŕ		
Received by	(signature)):		Inspected by (signature):			
cc:			ce:		cc:		
					<u> </u>		



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Establishmo 1804 r Owner TATIA Owner's Ac	NCC ent Address n mai NA Z ddress race s	s (nu S EL st, I	HUNTINGBURG, IN, 47542	Telephone Number (812-684-8082 (812-661-2409 Purpose: Routine Follow-up Complaint Pre-Operational	Follow-u	7) 8/2023 p Releas	18/2023 s:
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	pe (See addii	ional page)
Certified Fo			o get	Other (list)	1 2	<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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
217	NC	R	Observed food items in reach in free	zer to be stored in	bags	06/1	0/2024
			unapproved for food	storage.			
				<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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Establishm				Telephone Number	Date of Inspe	ection	ID#
FAZC	<u>)LI'S</u>	#1	675	812-634-1574	(mm/dd/yr) 12/06/2	2023	72
			mber and street, city, state, zip code) VENUE, JASPER, IN, 47546	⁽ 859-825-6248	12/00/2	2023	
Owner FAZO	LI'S J	OI	NT VENTURE, LTD	Purpose: Routine	Follow-up NO		te Date 16/2023
Owner's Ac		IR(D DRIVE, LEXINGTON, KY, 40509	Follow-up	Summary of		
Person in C		יטו) DITIVE, LEXINGTON, ICT, 40309	Сопрыни	\cap	NC_1	1
Dillon		inc	1	Pre-Operational	c_ 	NC	R
Responsible				Temporary	Menu Type	(See addi	tional page)
				HACCP			
Certified Fo			ING EXP. 8/25/2026	Other (list)	1 <u>0</u> 2	<u></u>	<u>/45</u>
• CRITICAL	L ITEMS 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 "SUI	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		-	Го Ве Со	orrected By
295	NC	R	Observed buildup of dust/dirt/debris on de	ouble door pizza frid	ge, hot	06/0	06/2024
			holding table shelves and o	n pizza ovens.			
Received by	(name and	l title	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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							•
Establishm GRO		FΓ)	Telephone Number 812-482-4060	Date of Ins (mm/dd/yr)	j	1D# 84
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		12/01	/2023	04
435 S	<u>. US I</u>	<u> </u>	/Y 231, JASPER, IN, 47546	⁽ 812-631-0131			
Owner STEP	HEN	ΑN	ID CHRISTY GORDON	Purpose: Routine	Follow-up No		te Date 11/2023
Owner's A		۱۸/	VELPEN, IN, 47590	Follow-up	Summary	of Violation	
Person in C		v v ,	VEEL EIN, IIN, 47 330	Complaint	0	NC_	0 , (
STEP	HĔN.	A٨	ID CHRISTY GORDON	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	ne.		Other (list)	100	\bigcirc_{2}),(),()
			RDON EXP 6/29/2028		1	<u></u>	<u> 4030</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 time	ne of inspection.			
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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Establishme				Telephone Number	Date of Inspec	ction	ID#
			TERS INC.	812-482-3411	(mm/dd/yr) 12/27/2	2023	91
Establishmo 201 M	ent Addres	s (nui STF	mber and street, city, state, zip code) REET, JASPER, IN, 47546	(812-639-1844	12/21/2	.020	
Owner ANDR	EW.	J. F	RITCH	Purpose: Routine	Follow-up No		se Date 06/2024
Owner's Ac		aue	er Ave, JASPER, IN, 47546	Follow-up	Summary of	Violation	is:
Person in C	harge		RITCH	Complaint Pre-Operational	$_{\rm c}$	NC_	$\bigcup_{R} \bigcup_{R}$
Responsible				Temporary	Menu Type	See addi	tional page)
C (C IF	177 11			HACCP Other (list)	.0.0)3(•).()
Certified For Jayme			/12/2024		1 <u>0</u> 2 <u>0</u>	<u></u>	<u>/4030</u>
• CRITICAL	ITEMS AR	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO		ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		T	o Be Co	orrected By
			No violations observed at tin	ne of inspection.			
Received by	(name and	title p	printed):	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

Establishmo		F(OODS #5	Telephone Number	Date of Insp (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	812-482-4464	12/13/	2023	95
			ENUE, JASPER, IN, 47546	⁽ 812-937-4428			
Owner IOSH	ΙΙΔ \Λ	/INI	KLER	Purpose:	Follow-up		e Date 23/2023
Owner's Ac		/ II N	ILLIX	 			
		cali	f, Dale, IN, 47523	Follow-up Complaint	Summary o	_	
Person in C				Pre-Operational	$\begin{bmatrix} 1 \end{bmatrix}$	NC_) _R 1
Mark I				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Type	See addi	tional page)
Certified Fo				Other (list)	$_{1}\bigcirc_{2}$	\bigcirc_3	0_4 0_5
Mark	Reede	er e	exp. 7/21/2025				
• CRITICAL	L 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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
345	С	R	Observed rags and bucket in deli hand	l washing sink, prev	enting	Co	rrected
			employees from properly w	ashing hands.			
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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Establishme HOM		1W	N IGA #450 (Jasper)	Telephone Number (812-482-3166	Date of Ins (mm/dd/yr)	ID# 98
Establishme	ent Addres	s (nu	mber and street, city, state, zip code) STREET, JASPER, IN, 47546	(-,10wner-,-	12/01	/2023	
Owner			NORTH FOODS LLC	Purpose: Routine	Follow-uj		e Date 11/2023
Owner's Ad		ΕY	STREET, JASPER, IN, 47546	Follow-up	Summary	of Violation	
Person in C	harge			Complaint Pre-Operational	c_2	NC_	$\lfloor _{\rm R} \underline{3} \rfloor$
Responsible			il	Temporary HACCP	Мепи Тур	e (See addii	tional page)
Certified Fo	ood Handle	er		Other (list)	102	\bigcirc_3	0_4
James	Perk	ins	9/16/2025				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
• VIOLATIO Section#	ON(S) REPE	ATEE R	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN Narrative	MMARY OF VIOLATIONS" AN	D IN THE N		orrected By
192	С	R	Observed several expired items of	on the shelf for reta	ail.		1/2023
177	C	R	Observed product in meat walk-in co				1/2023
295	NC	R	Observed condenser fans in meat departr				03/2024
			buildup of dust/dirt/	debris.			
Received by	(name and	title	printed):	Inspected by (name and title pr	rinted):		
Received by	(name and	i titic j		Kymberlee	inicu).		
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 HUCk		28		Telephone Number	Date of Ins (mm/dd/yr		104	
			mber and street, city, state, zip code)	(812-481-1016) (12/13				
			/ENUE, JASPER, IN, 47546	618-382-2334				
Owner	INI O	DΛ	VIEV INC	Purpose:	Follow-u			
Owner's Ad		DΗ	YLEY, INC.	Routine	No		23/2023	
		ΙΑΙ	N STREET, CARMI, IL, 62821	Follow-up Complaint		of Violation		
Person in C	_			Pre-Operational	$_{\rm C}$ Z	NC	\mathcal{L}_{R}	
Charit	-			Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	pe <i>(See addit</i>	tional page)	
Certified Fo	ood Handle	or.		Other (list)	102	\bigcirc_3	$)_{4}\bigcirc_{5}\bigcirc$	
			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	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 container and tongs being sto	ored in hand washin	g sink,	12/2	25/2023	
			preventing employees from prop	erly washing hand	s.			
192	С	R	Observed expired milk on the	e shelf for retail.		12/2	25/2023	
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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					_		
J. R.		١R	(TAYLOR MICHAELS INC)	Telephone Number (812-482-9694	Date of Ins (mm/dd/yr	j	1D# 110
Establishm	ent Addres	s (nui	mber and street, city, state, zip code)	⁽ 812-639-3488	12/18	/2023	
	<u>CLA Y</u>	3	TREET, JASPER, IN, 47546				
Owner MICH	AEL E	3E(CK	Purpose: Routine	Follow-uj		28/2023
Owner's Ac	ddress			Follow-up	Cumamaani	of Violation	201
1515 .	JACK	SC	N ST. , JASPER, IN, 47546	Complaint			_
Person in C	Charge AEL E	3E(CK	Pre-Operational	$_{\rm C}$	NC	$\frac{1}{R}$
Responsible				Temporary	Menu Tyr	ne (See addi	tional page)
P				НАССР		_	
Certified F	ood Handl) M		Other (list)	$1 \bigcirc 2$	\bigcirc , \bigcirc),(),()
			xp. 03/21/2028		1 2	<u></u>	<u> 4030</u>
• 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 "SUI	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	d hand sink		06/	18/2024
			**Manager states that	the bars			
			3 compartment sink was approved a	s a hand washing	sink**		
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		\sim	MMUNITY ARTS		lephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	1	12-482-3070	12/06	/2023	112
			E AVENUE, JASPER, IN, 47546	8	12-482-3070			
Owner CITY	OF JA	\SF	PER		rpose: Routine	Follow-up		se Date 16/2023
Owner's Ac				-	Follow-up		of Violation	
610 M	ain S	t, J	ASPER, IN, 47546		Complaint			
Person in C				Ш	Pre-Operational	$_{\rm C}$ \mathbf{U}	NC_	$\mathcal{I}_{R}U$
Kyle F				=	Temporary			
Responsible	Person's	E-mai	il	=	НАССР	Menu Typ	e (See addi	tional page)
Certified Fo					Other (list)	$1 \bigcirc 2$	<u>3</u>	$0_4 \bigcirc 5 \bigcirc$
Emily I	Peak (exp	o. 1/31/2025					
• 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	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 time	ne c	of inspection.			
Received by	(name and	title p			ected by (name and title pr	inted):		
Received by	(signature)):			ected by (signature):			
cc:			cc:			cc:		



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			<u> </u>					
	S'S C		DSSROADS SERVICE		Rephone Number 812-678-5358	Date of Ins (mm/dd/yr		119
			mber and street, city, state, zip code) 56, DUBOIS, IN, 47527	() Owner			
Owner MORF	RIS A	ND	GERALD KALB		rpose: Routine	Follow-uj		29/2023
Owner's Ac 5140 l		Υ	56, DUBOIS, IN, 47527		Follow-up Complaint	Summary	of Violatior	
	LD A		MORRIS KALB		Pre-Operational Temporary	c_ 3	NC_	L RU
Responsible	e Person's	E-ma	il		НАССР	Menu Typ	e (See addii	tional page)
Certified Fo			(P 6/26/2023		Other (list)	$1 \bigcirc 2$	<u>3</u>)4050
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	KED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
191	С		Lunch meat in deli case taken out of orig	ina	l packaging has n	o date	06/1	19/2024
345	С		Hand sink in not w	ork	ing		12/2	29/2023
270	NC		Single compartment sink being u	ıse	d to wash dishe	:S	06/1	19/2024
118	С		Stores certified food manager c	ert	ificate is expired	b	12/2	29/2023
Received by	(name and	title p	· /		hristina Pie			
Received by	(signature)):		Insp	pected by (signature):			
cc:			cc:			cc:		



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Establishm KELL		R	ESTAURANT & BAR	Telephone Number 812-634-1323	Date of Insp (mm/dd/yr)		1D# 120
			mber and street, city, state, zip code) ROAD 164, CELESTINE, IN, 47521	⁽ 812-630-2831	12/11/	2023	
Owner JEFF	KELL	.EY	,	Purpose:	Follow-up No		se Date //21/2023
Owner's Ac 1077 N		ΈF	ROAD 545, CELESTINE, IN, 47521	Follow-up Complaint	Summary o		
Person in C	KĔLL			Pre-Operational Temporary	c_1_	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Type	e (See addi	tional page)
Certified For Daniel			XP 3/14/2028	Other (list)	$1 \bigcirc 2$	<u>3</u>)4050
• CRITICAI	LITEMS 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 NA	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
136	С		Observed employee drink on prep	counter without a	lid.	Co	rrected
Received by	(name and	l title j		Inspected by (name and title p Kymberlee	rinted):		
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishm		10	04	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
KLUE				812-482-2898	12/19/	2023	121
			nber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812-630-1355			
Owner GAIL I	HETT	IN	GER	Purpose:	Follow-up No		e Date 29/2023
Owner's Ac		N I	14 ODED 1N 47540	Follow-up	Summary o	f Violatio	ns:
		IN.,	JASPER, IN, 47546	Complaint	\cap	() ()
Person in Co		•		Pre-Operational	C	NC_	R C
Responsible			1	Temporary	Menu Type	(See addi	tional page)
				HACCP	\bigcirc (),(•	
Certified For Jamie			o 12/7/2028	Other (list)	1 2	<u>3</u>	<u> 405</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		,	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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Establishment Name	· ·	Telephone Number	Date of Inspec (mm/dd/yr)	tion	ID#
NICHOLSON VALLEY STOR Establishment Address (number and street, city, state, zip code)		812-678-3333	12/19/2	023	149
10191 EAST STATE RD. 56, DUBO		⁽ 812-653-5053			
Owner TONY AND LORRIE SMOCK		Purpose:	Follow-up NO	Releas	e Date 29/2023
Owner's Address		Follow-up	Summary of		
10133 E ST RD 56, DUBOIS, IN,	, 47527	Complaint	-		
Person in Charge TONY AND LORRIE SMOCK		Pre-Operational	c_ U _	_{NC_} 1	R = 0
Responsible Person's E-mail		Temporary	Menu Type (See addit	tional page)
		HACCP			
Certified Food Handler Lorrie Gayle Smock 7/19/2024		Other (list)	1 <u>U</u> 2 <u>U</u>	<u>)</u> 3 <u> </u>	<u> 4050</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS M	MARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE	E DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAR	RATIVE	BELOW AS "R"
Section# C/NC R	Narrative		T	o Be Co	rrected By
345 NC Hand washing sink	k was being us	ed to defrost produ	ıct	06/1	9/2024
Received by (name and title printed):		Inspected by (name and title pr			
		Christina Pie	erini		
Received by (signature):			_		
Received by (signature):		Inspected by (signature):			
Received by (signature):		Inspected by (signature):			



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

					Date of Ins		
Establishmo OHAI		A۷	WAIIAN GRILL	Telephone Number (812-482-1788	то# 152		
Establishmo	ent Addres VEWT	s (nu O	mber and street, city, state, zip code) N STREET, JASPER, IN, 47546	⁽ 812-219-0108		/2023	
Owner OUN (ОН			Purpose: Routine	Follow-uj		ne Date 11/2023
Owner's Ac 1111 \		h S	St, JASPER, IN, 47546	Follow-up Complaint		of Violation	
Person in C Miche		m		Pre-Operational Temporary	c_ _	NC_	$\frac{3}{2}$ R $\frac{3}{2}$
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addii	ional page)
Certified For Myong			o. 1/19/2027	Other (list)	102	<u></u>) ₄ <u>O</u> 5 <u>O</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				orrected By
187	С	R	Observed high holding temperatures (~56F	•	ep line	12/1	1/2023
			and sushi bar	•			
345	С	R	Observed pans and dishes being store	ed in hand washin	g sink,	Co	rrected
			preventing employees from prop	erly washing hand	s.		
295	NC	R	Observed buildup of dust/dirt/debris on	condenser fans in v	valk-in	06/0	3/2024
			cooler.				
256	NC		Observed no temperature measuring device	e in double door refri	gerator	06/0	3/2024
			by fryers.				
217	NC		Observed food being stored in bags una	approved for food st	orage.	06/0	03/2024
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)	тр# 153
Establishm	ent Addres	s (nu	mber and street, city, state, zip code) REET, HUNTINGBURG, IN, 47542	(0.4.)Owner 0.04.0	12/20	/2023	
Owner			O SANDRA AHLEMEIER	Purpose:	Follow-up		se Date 30/2023
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 2	<u></u>	<u>)4U5U</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 "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 i	printed):	Inspected by (name and title pr	rinted):		
	\ v and			Kymberlee	/-		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmed 425 U	A JOH ent Addres S HW ENTE	s (nu	I'S PIZZA mber and street, city, state, zip code) 231, JASPER, IN, 47546 PRISES INC	Telephone Number (812-482-1166) (812-280-1101) Purpose: Routine Follow-up	Date of Inspe (mm/dd/yr) 12/18/2 Follow-up NO	2023 Releas 12/	158 158 e Date 28/2023
300 SPI Person in C ANDR Responsible	Charge REW L	_Uł		Complaint Pre-Operational Temporary HACCP	-	NC_	<u>0</u>
	w Luk	ее	xp. 5/7/2024	Other (list)	102	<u>)</u> 3 <u>©</u>	04050
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU				
Section#	C/NC	R	Narrative				orrected By
257	NC		Pizza build station has no tempera	ture measuring de	vice	06/1	18/2024
			in the fridges belo	ow it			
	1						
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
received by	(manne and			Christina Pie			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



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Establishmo		Т -	#041511 (HUNTINGBURG)	Telephone Number	Date of Ins (mm/dd/yr)		ID#
			mber and street, city, state, zip code)	(812-683-0130	12/08	/2023	160
			REET, HUNTINGBURG, IN, 47542	⁽ 713-209-7500			
Owner			0	Purpose:	Follow-up		e Date
Goat F		<u>LL</u>	<u> </u>	✓ Routine	No	12/	18/2023
Owner's Ac		pee	edway Suite 1100, Houston , TX, 77098	Follow-up	Summary	of Violation	
Person in C	harge	•		Complaint	$\begin{bmatrix} 0 \end{bmatrix}$	NC_	_ 1
MEL				Pre-Operational	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NC	K
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addii	tional page)
Certified Fo	ood Handle) P		Other (list)	100	\bigcirc_3),(),()
			0/2028		1 <u>0</u> 2	<u>3</u>	4030
• 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	rrected By
295	NC	R	Observed buildup of dust/dirt/debris on fridg	ge fronts, sides of pizz	a oven	06/1	10/2024
			and racks throughou	t facility.			
			<u> </u>	•			
Received by	(name and	title j		Inspected by (name and title pr	rinted):		
				Kymberlee			
Received by	(signature)):		Inspected by (signature):			
cc:			ec:		cc:		



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Establishm		\sim	SSAR JOINT VENTURE LLC)	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-634-9001	12/01	/2023	163
			231 S, JASPER, IN, 47546	⁽ 734-510-4249			
Owner		- I!	_	Purpose:	Follow-up		
shawr		ali	9	✓ Routine	No	12/	11/2023
Owner's Ac		entr	e landing , jasper, in, 47546	Follow-up	Summary	of Violation	
Person in C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o lariding , Jaoper, III, 17 e le	Complaint	1 . 1	NC_1	_ 1
shawr		alio	a a	Pre-Operational	c	NC	R
Responsible				Temporary	Menu Typ	e (See addii	tional page)
				НАССР			
Certified For			11-9-2027	Other (list)	1 2	<u></u>)4 <u>05</u> 0
• 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			To Be Co	orrected By
295	С	R	Observed soft serve ice cream machine to	have buildup of on r	nozzles	12/1	1/2023
			and in need of cleaning	/sanitizing.			
170	NC		Observed canned drinks being chilled in	ice machine that is u	sed as	Coi	rrected
			an ingredient for custor	ner orders.			
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

Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#
RULE				812-481-0030	12/01/2	2023	168
			mber and street, city, state, zip code)	615-232-9812	12/01/2	2023	
	3011	1 5	TREET, JASPER, IN, 47546			In.	7.
Owner KROG	SER L	.IM	ITED PARTNERSHIP I	Purpose: Routine	Follow-up No		te Date 11/2023
Owner's Ac		\	00 NACHWILE TN 07000	Follow-up	Summary of	Violation	ns:
		<i>1</i> 51	03, NASHVILLE, TN, 37230	Complaint	\cap	1	1 1
Person in C		СН	EPERS	Pre-Operational Temporary	C	NC_	R
Responsible	e Person's	E-ma	il	НАССР	Menu Type	(See addi	tional page)
				Other (list)	-	٦.6	$\bigcirc\bigcirc$
Certified Fo			10-30-2024		12_	<u> </u>	<u>/405</u>
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	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	o Be Co	orrected By
433	NC	R	Observed mops not being	g hung to dry.		06/0	03/2024
Received by	(name and	title j	printed):	Inspected by (name and title pr	rinted):		
				Kymberlee			
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

Establishme SOUTH		INI	DIANA BUTCHER & BBQ SUPPLY	Telephone Number (812-998-2277	Date of Ins (mm/dd/yr		178
			mber and street, city, state, zip code)		12/20	/2023	170
			TREET, FERDINAND, IN, 47532	⁽ 812-631-1242			
Owner ANDY	BER	G		Purpose: Routine	Follow-up No		30/2023
Owner's Ad				Follow-up	Summary	of Violation	is:
		<u>ah</u>	Hill Rd, Ferdinand, IN, 47532	Complaint	\cap	() (
Person in C Andy		& N	Mark Pund	Pre-Operational	c_U	NC_	J _R U
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)		\bigcirc_3	
Certified Fo			XP. 7/19/2027		1 2	<u>3</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 "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 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

Establishm SULT		S F	RUN GOLF CLUB LLC	Telephone Number (812-482-1009)	Date of Ins (mm/dd/yr)	j	10# 188
			mber and street, city, state, zip code) IAN ROAD, JASPER, IN, 47546	(0.4)Owner 4000	12/00		
Owner CHRIS	S TRE	ΞT	ΓER	Purpose: Routine	Follow-up No		te Date 16/2023
	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 <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 "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:		



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

Establishm SUNS		CI	ГGO	Telephone Number (812-634-6530)	Date of Ins (mm/dd/yr		10# 189
Establishm 1281	ent Addres THIRI	s (nu)	mber and street, city, state, zip code) AVENUE, JASPER, IN, 47546	(a.)Owner a	12/03	/2023	
Owner JAYM	E RA	SC	HE	Purpose: Routine	Follow-uj		e Date 15/2023
Owner's Ac		ot (Ct., HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C	Y FRY			Pre-Operational Temporary	C	NC	
Responsible	e Person's	E-ma	il	HACCP	Menu Typ	e (See addi	tional page)
Certified Fo			MAN 1/19/2027	Other (list)	1 2	<u>3</u>	<u>0</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	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 "S	UMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	С	R	Several boxes of cups seen being s	stored directly on the	floor	12/1	8/2023
			in back storage				
			3				
Received by	(name and	title j	printed):	Inspected by (name and title p Christina Pie			
Received by	(signature)):		Inspected 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

	V. PC		T #2366	Telephone Number (812-683-2366	Date of Instance (mm/dd/yr)		1D# 203
			mber and street, city, state, zip code) STREET, HUNTINGBURG, IN, 47542	⁽ 812-683-2366	12/00/	2023	
Owner HUNT	INGB	UF	RG VETERANS ASSOCIATION	Purpose: Routine	Follow-up No		te Date 18/2023
	3OX 1	5,	HUNTINGBURG, IN, 47542	Follow-up Complaint	Summary	of Violation	
Person in C Kristy	Nelso			Pre-Operational Temporary	c_ U	NC_	
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addii	tional page)
Certified Fo			LEY EXP. 11/21/2027	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	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

Establishm)C-	T #672	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
			Γ #673	812-482-5010	12/08/	2023	204
3131			nber and street, city, state, zip code) St., JASPER, IN, 47546	⁽ 812-483-9682			
Owner MEME	BERS	OI	F CLUB	Purpose: Routine	Follow-up NO		ne Date 18/2023
Owner's Ac			1.0TDEET 14.0DED IN 475.40	Follow-up	Summary of	f Violation	18:
		Or	N STREET, JASPER, IN, 47546	Complaint	\cap	() ()
Person in C		,		Pre-Operational	c	NC_	$R_{\rm R}$
Responsible			il	Temporary	Menu Type	(See addi	tional page)
				НАССР		_	
Certified Fo			11/21/2025	Other (list)	1 <u>0</u> 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>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 "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 tin	ne of inspection			
Received by	(name and	title p		Inspected by (name and title processing Pie			
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

Establishment Address (number and street, city, state, zip code) 3606 N. NEWTON STREET, JASPER, IN, 47546 Onner WALGREENS COMPANY Owner's Address P.O. BOX 901, DEERFIELD, IL, 60015 Person in Charge Reponsible Person's E-mail Certified Food Handler Exempt	Establishmo			C #40240	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
3606 N. NEWTON STREET, JASPER, IN, 47546 Owner WALGREENS COMPANY Purpose: Routine R					812-481-1513	12/08/	2023	206
WALGREENS COMPANY Owner's Address PO. BOX 901, DEERFIELD, IL, 60015 Person in Charge Elizabeth A Cowley Responsible Person's E-mail Person's E					⁽ 84 7 -315-2297			
P.O. BOX 901, DEERFIELD, IL, 60015 Person it Charge Elizabeth A Cowley Responsible Ferson's E-mail - Certified Food Handler EXEMPT - CRITICAL TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC 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): Christina Pierini Inspected by (signature): Inspected by (signature):		REE	NS	COMPANY				
Person in Charge				DEEDELE	Follow-up	Summary o	f Violation	ns:
Responsible Person's E-mail Temporary HACCP 1020304050			<u> 901</u>	, DEERFIELD, IL, 60015	Complaint	\cap	() ()
Repossible Person's E-mail IACCP			Co	owley		c_ U	NC_	R U
Certified Food Handler Exempt - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED *C** - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R No Violations observed at time of inspection No Violations observed at time of inspection No Violations observed at time of inspection Inspected by (name and title printed): Received by (signature): Inspected by (signature):	Responsible	e Person's	E-mai	1		Menu Type	(See addi	tional page)
EXEMPT CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By No Violations observed at time of inspection No Violations observed at time of inspection I I I I I I I I I I I I I I I I I I I	C .10 1 5					.0.0		\bigcirc
*VIOLATIONS) 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			er			12_	<u>3</u>	<u> </u>
Section# C/NC R No Violations observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection observed at time of inspection obse	• 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 Inspected by (name and title printed): Christina Pierini Inspected by (signature):	• 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"
Received by (name and title printed): Inspected by (name and title printed): Christina Pierini Received by (signature): Inspected by (signature):	Section#	C/NC	R			,	Го Ве Со	orrected By
Received by (signature): Inspected by (signature):				No Violations observed at tin	ne of inspection			
Received by (signature): Inspected by (signature):								
Received by (signature): Inspected by (signature):								
Received by (signature): Inspected by (signature):								
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Received by (signature): Inspected by (signature):	Received by	(name and	title r	printed):	Inspected by (name and title pr	rinted):		
Received by (signature): Inspected by (signature):			- r					
cc. cc.	Received 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		#9	83680	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID# 209
			mber and street, city, state, zip code)	(812-367-0594	12/20/	2023	209
			TREET, FERDINAND, IN, 47532	⁽ 562-425-1402			
Owner		· T \	/ CORROR ATION	Purpose:	Follow-up		e Date
Owner's Ac))	Y CORPORATION	✓ Routine	No		30/2023
		ATI	E AVE. STE 200, CYPRESS, CA, 90630	Follow-up	Summary o		_
Person in C	harge			Complaint Pre-Operational	$_{c}0$	NC_	_p 1
			CORPORATION CORPORATION	Temporary	C		
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
Certified Fo	ood Handle	r		Other (list)	102),(•	$)_4\bigcirc_5\bigcirc$
			e 7-20-2028		12_	<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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
399	NC	R	Observed missing floor tile in front of frye	rs and in need of rep	lacing.	06/2	20/2024
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

YAMA				Telephone Number (812-556-0500 Date of Inspection (mm/dd/yr) 12/01/2023 21				
			mber and street, city, state, zip code) ON STREET, JASPER, IN, 47546	(706-680-5719	12/01	/2023		
Owner DAVII	DOI C	٧G		Purpose:	Follow-uj		e Date 11/2023	
Owner's Ac 3015		ГΟ	N ST, JASPER, IN, 47546	Follow-up Complaint	-	of Violation		
Person in C	harge			Pre-Operational	C	NC_5	$\frac{5}{R}$	
Responsible				Temporary HACCP	Мепи Тур	e (See addii	ional page)	
Certified Food Handler Aixin Fan exp. 8/12/2026						<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	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				rrected By	
216	NC	R	Observed cardboard lining the shelves o	n cook line and in d	ry food	06/0)3/2024	
			storage area.	•				
234	NC	R	Observed scoops without handles in sev	eral containers thro	ughout	06/0	3/2024	
			facility.					
173	С	R	Observed raw meat (chicken, fish, beef) b	peing stored above re	eady to	12/1	1/2023	
			eat foods in double door reach in cooler by	cook line and walk-in	cooler.			
177	NC	R	Observed boxes of rice and onions b	eing stored on the	floor.			
256	NC	R	Observed no temperature measuring de	evice in refrigerator l	pehind	06/0	3/2024	
			sushi bar.					
232	NC	R	Observed mold buildup on pla	te in ice machine.		06/0	3/2024	
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

Establishm CHRIS		ΛIN	ISTRIES OF HUNTINGBURG, INC.	Telephone Number (812-683-5490)	Date of Ins (mm/dd/yr)		1D# 220
			mber and street, city, state, zip code) EET, HUNTINGBURG, IN, 47542	(a.)Owner a = 100	12/00	2023	
Owner CHRIS	TIAN	MIN	IISTRIES OF HUNTINGBURG INC.	Purpose: Routine	Follow-up		se Date 18/2023
Owner's Ac	ddress			Follow-up	Summary	of Violation	
Person in C				Complaint Pre-Operational	c_0	NC_	$\underline{\mathbf{J}}_{\mathbf{R}}\underline{\mathbf{O}}$
Responsible			il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified F	ood Handle	er		Other (list)	102	9 ₃ C	$)_4$
exemp	ot						
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M		D IN THE N	ADD ATIME	DELOW AC "D"
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI Narrative	MMARY OF VIOLATIONS" AN	D IN THE N		orrected By
Section	C/IVC	K	No violations observed at time	ne of inspection		ТОВСС	Trected By
			140 Violations observed at till	ic of mopeonori.			
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

Establishmo)	ITY COMMUNITY FOOD BANK	Telephone Number Date of Inspection (mm/dd/yr)			
			mber and street, city, state, zip code)	(812-482-9009	1 12/10/	2023	222
1404 \$			DIAN RD, JASPER, IN, 47546	⁽ 812-482-9009			
Owner AMAN	IDA D	RE	EW, MANAGER	Purpose: Routine	Follow-up NO		se Date 28/2023
Owner's Ac				Follow-up	Summary o	f Violation	ns:
				Complaint		() ()
Person in C		RE	ΞW	Pre-Operational	C	NC_	<u> </u>
Responsible	e Person's	E-mai	1	Temporary HACCP	Menu Type	(See addi	tional page)
Certified Fo	and Handle	\ P4		Other (list)	1000) ,(),()_()
Certified Fo	oou manuk	:1			1 22	<u></u>	<u>/4030</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 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	printed):	Inspected by (name and title p	rinted):		
,	•			Kymberlee 1	•		
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

Establishm SISTI		OF	SAINT BENEDICT	Telephone Number 812-367-1411	Date of Ins (mm/dd/yr)	j	ID# 246
			mber and street, city, state, zip code) TREET, FERDINAND, IN, 47532	812-367-1411	12/20	/2023	
Owner SISTE	RS C)F	ST. BENEDICT	Purpose: Routine	Follow-up		se Date 30/2023
	10TH	S1	TREET, FERDINAND, IN, 47532	Follow-up Complaint	Summary	of Violation	
Person in C Kris La	<u>asher</u>			Pre-Operational Temporary	c_ U _	NC_	
Responsible			il	HACCP Other (list)	Menu Typ	e (See addi	tional page)
Certified Fo			0 4/20/2026		1 <u></u> 2	<u>3</u>	4050
• 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 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:			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 HAPF		Οl	JR BAKERY	Telephone Number (812-639-8753)	Date of Ins (mm/dd/yr 12/11)	333
			mber and street, city, state, zip code) IE RD S, SCHNELLVILLE, IN, 47580	⁽ 812-639-8753	12/11	72023	
Owner JEREI	MY B	ΕT	Z	Purpose:	Follow-up		se Date //2023
Owner's Ad		/EF	R LAKE RD, JASPER, IN, 47546	Follow-up Complaint	Summary	of Violation	
Person in C Stacy	harge			Pre-Operational	c_0	NC	$\frac{1}{R}$
Responsible			il	Temporary HACCP	Menu Typ	e <i>(See addi</i>	tional page)
Certified Fo			Z EXP 7/28/2027	Other (list)	102	<u>3</u>)4050
• 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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
177	NC	R	Observed several boxes being stored on	the floor in walk-in for	reezer.	06/	11/2024
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 FAIR		DΙ	NN & SUITES JASPER	Telephone Number (812-250-5155)	Date of Ins (mm/dd/yr		335
			mber and street, city, state, zip code) TRE LANDING, JASPER, IN, 47546	() Owner	12/21	/2023	
Owner RIVEF	R CEI	ΙΤΙ	RE DEVELOPERS LLC	Purpose: Routine	Follow-up No		se Date 06/2024
Owner's Ac	ddress			Follow-up Complaint	-	of Violation	
Person in C Danie		ado	len	Pre-Operational	C_{C}	NC_	$\frac{1}{R}$
Responsible	e Person's	E-ma	il	Temporary HACCP	Мепи Тур	e (See addi	tional page)
Certified Fo			า 12-14-2027	Other (list)	102	<u>3</u>	04050
• CRITICAL	LITEMS AR	RE 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 tir	ne of inspection			
Received by	(name and	title p		Inspected by (name and title processing Pie			
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

Establishmo 100 3r Owner CITY (n-Cla ent Address of ave OF JA dress ain S harge Ruper e Person's	t, J	JASPER, IN, 47546	(8 (8 (8 (8	lephone Number 312-482-3070 312-482-3070 Irpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u No Summary	6/2023 Releas	<u>0</u> <u>R</u> <u>0</u>
			exp. 1/31/2025					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU!			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
Section	Circ		No violations observed at tim	20.4	of increation		10 20 00	Treeted By
			ino violations observed at till	ie (or inspection.			
							ı	
							1	
							i	
Received by	(name and	title p			pected by (name and title properties)	inted):		
Received by	(signature)):			pected 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

Establishme		- -	NIN IAODED	Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
			NN JASPER	812-556-2888	12/05/2	2023	386
			mber and street, city, state, zip code) LITY DRIVE, JASPER, IN, 47546	⁽ 812-556-2888	,		
Owner COMF	ORT	IN	N	Purpose: Routine	Follow-up NO		e Date 15/2023
Owner's Ad		— ^	. IT. / D.D. / F IA O.D. E.D. IA	Follow-up	Summary o	Violation	1S:
		ΙA	LITY DRIVE, JASPER, IN, 47546	Complaint	Λ	(Λ
Person in Co		orn	ton-Watkins	Pre-Operational Temporary	c_ U	NC_	R U
Responsible	e Person's	E-ma	il	HACCP	Menu Type	(See addii	tional page)
G (C IF	177 11			Other (list)	-	\bigcirc_3	\bigcirc
Certified For Jessica			on exp 9/29/2028		1 <u>0</u> 2 <u>0</u>	<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 "SUN	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 tin	ne of inspection			
Received by	(name and	title 1	orinted):	Inspected by (name and title pr	rinted):		
	(mine und			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 FRIEN		OS	PITALITY OF FERDINAND LLC	Telephone Number (812-367-0951	Date of Insp (mm/dd/yr) 12/20/		388
			mber and street, city, state, zip code) PARK RD, FERDINAND, IN, 47532	⁽ 812-430-6125	12/20/	2023	
		AL	HOTRA	Purpose: Routine	Follow-up No		se Date 30/2023
	igh Po	int	Dr Suite A, NEWBURGH, IN, 47670	Follow-up Complaint	Summary		
	SH M		HOTRA	Pre-Operational Temporary	c_ U	NC_	
Responsible			il	HACCP Other (list)	Menu Type	e (See addi	tional page)
Certified For Michel			n exp. 03/27/2028		1 <u></u> 2 <u>1</u>	<u>3</u> C	<u> </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 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 p		Inspected by (name and title properties) 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

Establishm	E'S C	s (nu	TERING mber and street, city, state, zip code) STREET P.O. BOX 44, ST. ANTHONY, IN, 47575	Telephone Number (812-639-3178 () Owner	Date of Ins (mm/dd/yr 12/11		1D# 401
Owner ARNIE Owner's Ac		LP		Purpose: Routine Follow-up	Follow-up NO Summary		ns:
Person in C ARNIE Responsible Certified Fo	E WE e Person's	E-ma er		Complaint Pre-Operational Temporary HACCP Other (list)	C		tional page)
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN		D IN THE N		
Section#	C/NC	R	Narrative	o of inapportion		To Be Co	orrected By
			No violations observed at time	ie of inspection.			
Received by	(name and	title		Inspected by (name and title properties) Kymberlee	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm		1 A I	DVCT	Telephone Number	Date of Inspec (mm/dd/yr)	ction	ID#
			RKET	(812-684-8090	12/08/2	2023	415
405 S	ent Addres MAIN	s (nui 1 S	mber and street, city, state, zip code) T, HUNTINGBURG, IN, 47542	⁽ 812-470-6776			
JOSE	FLO	RE	S	Purpose: Routine	Follow-up NO	Releas	e Date 18/2023
Owner's Ac			LUINTINGDUDO IN 47540	Follow-up	Summary of	Violation	is:
		ve	, HUNTINGBURG, IN, 47542	Complaint		() (
Person in C JOSE		RE	S	Pre-Operational Temporary		NC_	, R_O
Responsible	e Person's	E-mai		НАССР	Menu Type	See addii	ional page)
Certified For Karen			6/14/2026	Other (list)	$1 \bigcirc 2 \bigcirc$	<u>)</u> 3 <u>C</u>	<u>4</u> 050
• 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	ND 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 p	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishmo		F	ARMS NATURAL FOODS	Telephone Number (812-481-1411	Date of Insp (mm/dd/yr)		ID# 428
Establishme	ent Addres	s (nu	mber and street, city, state, zip code)	(a.)Owner	12/11/	2023	420
4630 8	b. CRO	JS:	S ST., ST. ANTHONY, IN, 47575	012-401-1411			
Owner DIANA	A FIS	СН	ER	Purpose: Routine	Follow-up No		se Date 21/2023
Owner's Ac				Follow-up	Summary o	f Violatio	18.
		<u>64</u>	, BIRDSEYE, IN, 47513	Complaint		_	_
Person in C		СН	ER	Pre-Operational	c	NC_	J _R U
Responsible	Person's	E-ma	il	Temporary HACCP	Menu Type	(See addi	tional page)
				Other (list)	\bigcirc		$\bigcap \bigcap$
Certified Fo		er			1 <u></u> 2 <u>\</u>	<u>J</u> 3	<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 "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 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

Establishme				Telephone Number	Date of Inspe	ction	ID#
LEBE	<u> N NI</u>	<u>JT</u>	RITION	812-518-9481	(mm/dd/yr) 12/01/2	0023	431
			mber and street, city, state, zip code) STREET, JASPER, IN, 47546	⁽ 812-630-0369	12/01/2	.020	
JODY	VER	ΚA	MP	Purpose: Routine	Follow-up NO		e Date 11/2023
Owner's Ad		V E	Ridge Dr, JASPER, IN, 47546	Follow-up	Summary of	Violation	ns:
Person in C		K I	riuge Di, JASI Lix, III, 47540	Complaint	. 0	(\cap
KRIST		AΗ	MER	Pre-Operational	C	NC	R
Responsible	e Person's	E-mai	il	Temporary HACCP	Menu Type	See addii	tional page)
Certified Fo	177 11			Other (list)	10.0)3(•	\bigcirc
			า 12-24-2026		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 "SUI	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.			
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 SANI		FΑ	MILY MEAT MARKET	Telephone Number (812-326-1001	Date of Ins (mm/dd/yr 12/11)	1D# 437	
			mber and street, city, state, zip code) TREET, SAINT ANTHONY, IN, 47575	⁽ 812 ⁻ 326-1001	12/11	/2023		
Owner KENT	SAN	DE	:R	Purpose: Routine	Follow-up		e Date 21/2023	
Owner's Ac 4757		er 7	Frail, Huntingburg, IN, 47542	Follow-up Complaint	Summary	of Violation		
Person in C		DE	:R	Pre-Operational	c_ U	NC	$\frac{1}{R}$	
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ		tional page)	
Certified For Tara L			exp. 03/02/2027	Other (list)	1 <u>0</u> 2	<u>3</u>	<u> 14050</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 "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.				
				•				
D : 11	<u> </u>			Y 11 (101	15			
				Inspected by (name and title properties) Kymberlee	inted):			
Received by	(signature):		Inspected by (signature):				
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Establishment Name					ephone Number	Date of Ins		ID#	
McAlister's Deli					12-817-0687	12/08		440	
Establishmod 3803	ent Addres V Nev	s (nui VtO	nber and street, city, state, zip code) n St, Jasper, IN, 47546	⁽ 9	71-219-3336	12/00/	2020		
Owner McAlis	ster's	De	li		rpose: Routine	Follow-up		te Date 18/2023	
Owner's Ac			n Ct. Johnson INI 47540		Follow-up	Summary	of Violation	ns:	
Person in C		νιο	n St, Jasper, IN, 47546	$oxed{oxed}$	Complaint	\cap	() ()	
Chris		h			Pre-Operational	c_ O _	NC_	7 R 0	
Responsible			1		Temporary	Menu Type (See additional page)			
				\vdash	HACCP				
Certified For Chris [10/2025		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	IARK	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 tir	ne (of inspection				
					ected by (name and title pr				
					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

Friends Hospitality of Huntingburg LLC			Telephone Number (812-684-9494	Date of Ins (mm/dd/yr)	j	1D# 451	
			mber and street, city, state, zip code) reet, Huntingburg, IN, 47542	⁽ 812-430-6125	12/08	/2023	
Owner Manis	h Mal	ho	tra	Purpose:	Follow-up		ne Date 18/2023
Owner's Ac 8833 H		oint	Dr Suite A, Newburgh, IN, 47670	Follow-up Complaint		of Violation	_
Person in C Micha		rgu	eson	Pre-Operational	C O	NC_	0_{R}
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified For Michael			eson exp. 8-25-2026	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 "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	(nama ar 1	+i+1~ -	printed):	Inspected by (name and title p	rintad):		
Received by	(name and	uue J		Kymberlee	micu).		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
I							



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Establishme			0.1	Telephone Number	Date of Inspe (mm/dd/yr)	ction	ID#	
Emerald Greens Cafe				() Establishment	12/08/2	2023	521	
			mber and street, city, state, zip code) eet, Jasper, IN, 47546	(773-759-9827	12/00/2	1020		
Owner				Purpose:	Follow-up	Releas		
Barry)p		✓ Routine	No	12/	18/2023	
Owner's Ac 1280 \		Stre	eet, Jasper, IN, 47546	Follow-up Complaint	Summary of	_		
Person in C				Pre-Operational	$_{\rm C}$ U	NC_($\mathcal{I}_{R}U$	
Barry		•		Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Type (See additional page)			
Certified Fo	ood Handle	er		Other (list)	$_{1}\bigcirc_{2}($	$)_3$ \odot	$_{4}\bigcirc_{5}\bigcirc$	
Barry [Dunlo	о е	xp. 6-6-2026					
• 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 NAI	RRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative		T	To Be Co	orrected By	
			No Violations observed at tir	me of inspection				
Received by	Received by (name and title printed): Inspected by (name and title printed):							
<u> </u>				Christina Pie	<u>erini</u>			
Received by (signature):				Inspected by (signature):				
cc:			сс:		cc:			