

State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5795

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Establishme	FYA	Me Grumber an	Lounge ad street, city, (state, 2	Evansuil IN 47	Telephone Number  ( Establishment  812 133 5355  Owner	Date of Inspection (mm/dd/yr)		
Owner	)[	iffa	MKIIN O	IN 47	7/2 Purpose:	Follow-up	Release Date	
Owner's Ac					2. Follow-up 3. Complaint		of Violations:	
Person in Charge Catolyn Brown Responsible Person's E-mail					4. Pre-Operational 5. Temporary 6. HACCP	C NC R  Menu Type (See back of page)		
Certified F	een Handle	Fo.	ster		7. Other (list)	12	3 × 4 5	
• CRITICAL	LITEMS AR				COLUMNS MARKED "C" IN THE "SUMMARY OF VIOLATIONS"	AND IN THE NA	RRATIVE BELOW AS "R"	
Section#	C/NC	R			rrative		To Be Corrected By	
			1/2	3/15	plation fro			
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State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD	
435-5695	

	Telephone Number	Date of Inspection	ID#	
Establishment Name	7	(mm/dd/yr)	82	
Establishment Address (number and street, city, state, ZIP code)	496-6637			
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Owner /	6. Routine		-7-15	
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Person in Charge	3. Complaint	CONCORO		
Cyrthia Fowler	4. Pre-Operational	CZ NO	<u>o</u> R	
Responsible Person's E-mail	5. Temporary	Menu Type (See	back of page)	
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Certified Food Handler	7. Other (list)	1 2 3	7 4 5_	
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The time limit fo	r correction of each violation is specified in the narrative portion of		10 : st	
Establishment N	ame	Telephone Number	Date of Inspection ID # (mm/dd/yr)	
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	1 E. LLOYD EXP	OF SALDINA ALLEGA	1-28-15	
Owner		Purpose:	Follow-up Release Date	
	m' JOHNSON	1. Routine	NO 2-7-	15
Owner's Addres		2. Follow-up	Summary of Violations:	
Owner s Addres		3. Complaint		
Dawson in Chara	•		C NC_/2 I	20
Person in Charg	Lenzie Batten	4. Pre-Operational		
110		5. Temporary	Menu Type (See back of pa	ige)
Responsible Per	son's E-mail	6. HACCP		
		7. Other (list)	1 2 3 4	5
Certified Food I			1-2-3-1-	
TU	in Johnson			
	MS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	NS MARKED "C"		
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-	ent Name	IKED IM	Telephone Number  ( ) Establishment	Date of Inspe (mm/dd/yr)	ction	82
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7 1		Whi AC	4. Pre-Operational	\ \( \frac{1}{\cup \chi}	NC C	- 122
Responsible Person's E-mail			5. Temporary	Menu Type	(See back	k of page)
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Certified F	ood Handler	ELLE FAGNANT	7. Other (list)	1_0	_3	45_
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 43.5-5695

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

Establishment Name    DIALY TAN				Telephone Number  ( ) Establishment  ( ) Establishm	Date of Inspection (mm/dd/yr)    S   S   S   S   S   S   S   S   S		82 07 Date >-15 s:
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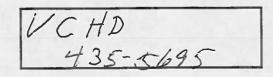
State Form 48669 (R2/2-05) SDH Form 51-0001

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					Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
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Owner's Ad	2/ N/	.b ac				Summary		
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					3. Complaint	- 7	NO	O R
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Responsible	Person's E-	nail	THE STATE OF US		6. HACCP	Menu Type	e (See Dac	k oj page)
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	od Handler				7. Other (list)	1_2	3	_45_
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State Form 48669 (R2/2-05) SDH Form 51-0001



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wner					Purpose:	Follow-u		_
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wner's A	ddress			/	2. Follow-up	Summar	y of Violati	ions:
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esponsible	e Person's I	E-mail			6. HACCP	Menu T	ype (See ba	ck of page)
ertified F	ood Handle	r			7. Other (list)	02	3	45_
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 425-5695

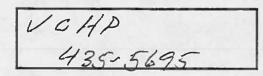
Establishment Name  CIRCLE  K  Establishment Address (number and street, city, state, ZIP code)  300 S-GRECW RIJER MI				Telephone Number  ( ) Establishment  47774332	Date of In (mm/dd/y)		
Owner  CIACLE H  Owner's Address				Purpose:  1 Routine 2. Follow-up	Follow-up Release Date  NO 2-6-15  Summary of Violations:		
Person in C	HM	DV E-ma	rea Murphy	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	C_O_NC_O_RO_  Menu Type (See back of page)		
Certified F	ood Handle	r		7. Other (list)	1_@	3_4_5_	
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Section#	C/NC	R	Narrative			To Be Corrected By	
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The time limit for correction of each violation is specified in the narrative port			
Establishment Name	Telephone Number	Date of Inspection (mm/dd/yr)	
DOLLAD GENERAL	(1) Establishment		28
Establishment Address (number and street, city, state, ZIP code)	Owner		101
5033 TNERTER DR.		1-27-1.	3 0'
Owner	Purpose:		Release Date
DOLLAN GENERAL	1. Routine	10 2	2-6-15
Owner's Address	2. Follow-up	Summary of Vi	olations:
Owner states			
Person in Charge	3. Complaint	CAN	CORO
Thush' M. Cirincone	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	Menu Type (Se	e back of page)
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	7. Other (list)	a2 2	3 4 5
Certified Food Handler		100-	
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE CO	OLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT		ND IN THE NARRA	ATIVE BELOW AS "R"
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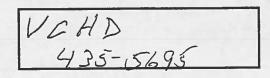




		ection of each vi	olation is specified i	n the narrative portion o			
Establishm		^			Telephone Number	Date of Inspection (mm/dd/yr)	ID#
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Establishm	ent Address	s (number and st	reet, city, state, ZIP o	code)	(917 mei 0/4)	1 20 .	02
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Owner	<i>a</i> .				Purpose:		ase Date
3)	BK	111510	w_IN		Routine	NO 2-	6-15
Owner's A	ddress				2. Follow-up	Summary of Violat	ions:
					3. Complaint		
Person in	harge	0.0	200		4. Pre-Operational	CO NC	) R_O
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Responsible	e Person's E	L-mail			6. HACCP	Menu Type (See ba	ck of page)
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Certified F	ood Handle	0	22/20		7. Other (nst)	1_2_3)	_45_
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• CRITICAL	ITEMS AR	E IDENTIFIED IN	THE CHECKLIST A	ND NARRATIVE COLUM	NS MARKED "C"		
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INSPECTION REPORT
State Form 48669 (R2/2-05)
SDH Form 51-0001



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

The time lir	nit for correct	on of each violation is specified in	the narrative portion of the			
Establishm	ent Name	the state of the s		Telephone Number	Date of Inspe (mm/dd/yr)	
0	OVER	umber and street, city, state, ZIP cod	28	( ) Establishment		82
Establishm	ent Address (n	umber and street, city, state, ZIP cod	de)	47,3-1122		- 122
29	50 (	COUERT AYE			11-27-	15 01
)wner				Purpose:	Follow-up	Release Date
mil	1. 4.	STEUS STACK	101-52	1. Routine	NO	2-6-15
Owner's A	ddress	STEVE STOCK	199	2. Follow-up	Summary o	f Violations:
				3. Complaint		
erson in C	Charge				CO	NC J R O
× M	IKE 4	STOCKINGER		4. Pre-Operational		
Responsible	e Person's E-n	nail		5. Temporary	Menu Type	(See back of page)
				6. HACCP		
ertified F	ood Handler			7. Other (list)	1 2	(3) 4 5
> kA	11/5	STOCKINGER				
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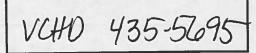


State Form 48669 (R2/2-05) SDH Form 51-0001 VCHO 435-5695

		ction of each violation is specified in the narrative portion		
51	nent Name	(11	Telephone Number	Date of Inspection ID # (mm/dd/yr)
		Grill	8/2_160-5/38	
1013	S. U	(number and street, city, state, ZIP code) Vein bach Awe Brans ville IN 4771	le ( ) Owner	1-27-15
Owner		IN 4771	Purpose:	Follow-up Release Date  Y Wax 2-10-15
Owner's A	Address		2. Follow-up	Summary of Violations:
Person in	Charge		3. Complaint 4. Pre-Operational	c_ NC_3 R_
		nnson	5. Temporary	N T (2 1 1 2
Responsib	le Person's E-	man	6. HACCP	Menu Type (See back of page)
Certified I	good Handler	phnson	7. Other (list)	1_2_3 × 4_5_
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		FED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ID IN THE NARRATIVE BELOW AS "R"
Section#	7	R Narrati	***************************************	To Be Corrected By
				THE STREET HERE
191	C	items in refridgerate	or lack daten	narking 1-28-15
305	NC	hood vent lacking:	some covers	2-3-15
324	NC	3 compartment si repair.	ink leaking.	2-3-15
245	NC	wet wiping cloths in sanitising sol		1 1-28-15
		grease trap de	aned 7-14-19 4gal	4
Pagginad L	u (name and t		0	
X c	y (name and till	196HN.SON	Inspected by (name and title pr	ringed): OVPHOV
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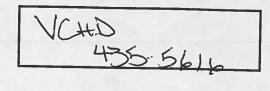
State Form 48669 (R2/2-05) SDH Form 51-0001



The time lim	it for correc	tion of each violation is	specified in the narrative portion			
Establishmer  Establishmer  G (1)	KUZ	number and street, city,	state, ZIP code) Vansville IV	Telephone Number  (8/2) Establishment  ( ) Owner	Date of Inspect	
Owner	o a	na on c	47713	Purpose:	Follow-up	Release Date 2-6-15
Owner's Ad	dress			2. Follow-up 3. Complaint	Summary of	Violations:
Person in Cl Bill Responsible	Lo	ckyard		4. Pre-Operational 5. Temporary 6. HACCP		(See back of page)
Certified Fo	od Handier			7. Other (list)	12	3 × 4 5
			ECKLIST AND NARRATIVE COLU	IMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" A	AND IN THE NAI	RRATIVE BELOW AS "R"
Section#		R	Narrati			o Be Corrected By
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	V	grease	trap dear	red 1-15-14 less than	19a1	
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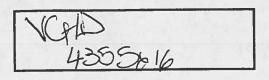


State Form 48669 (R2/2-05) SDH Form 51-0001



Establishn			on or each violation is specified in the narrative porti				
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Owner	16.00	ىب	7111	Purpose:	F 11		<u> </u>
1 fire	CP1	4	Ding & Kent Don	1. Routine	Follow-		
Owner's A	ddress		The state of the s		MC		2
				2. Follow-up	Summa	ry of Violations:	
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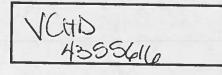




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State Form 48669 (R2/2-05) SDH Form 51-0001



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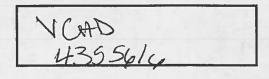


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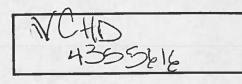
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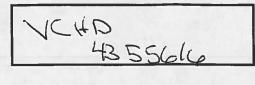
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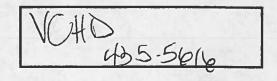


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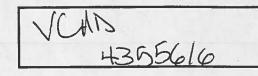
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Owner's Address    Person in Charge	Establishm	ent Addres	s (number	and street, city	, state, ZIP cod	le)	( ) Owner	112-6	15	0)
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The time limit for correction of each violation is specified in the narrative p	of tion of this report.	
Establishment Name  QESONS 152A  Establishment Address (number and street, city, state, ZIP code)  QHIL Structburk	Telephone Number  ( C) Setablishment ( ) Owner	Date of Inspection (mm/dd/yr)  1 H S S S S S S S S S S S S S S S S S S
Organ Collective Efforts INV. Owner's Address	Purpose:  1. Routine  2. Follow-up  3. Complaint	Follow-up Release Date  NO 2-5-14  Summary of Violations:
Person in Charge  Secondary Control  Responsible Person's E-mail	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page)
Certified Food Handler  DUNNER		12{_345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED		AND IN THE NARRATIVE BELOW AS "R"
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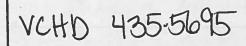


# VCHD 435-5695

5031	Mill ent Address (n	umper and street, city, state, ZIP code) Harmony Rd. Evans ville	Telephone Number  (S12) Establishment (Winer - 6000)  Purpose:	Date of Inspection $(mm/dd/yr)$ $1-26-1$ Follow-up R	
Owner's A  Person in C  Sand  Responsible	ddress	IN 47720 Regier	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Y2weets 2	$\frac{2-5-15}{\text{plations:}}$
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415	C	gnats present in	Kitchen	2	-12-15
191	C	items in refridgerate	r lack date	. 1-	2715
242	NC	reusing bread bags - in freezer	to store fo	od 1	-28-15
346	NC	lacking hand soap a			wected
341	NC	lacking disposable +	owels at h	and sink	co mect
218	NC	beer reach-in coolers accumulation	have ice	2	-5-15
43]	MC	shelving units soile Floor by soft din	d or dusty.	Chean	2-5-15
Received b	y (name and tit	Mezzier	Inspected by (name and title Inspected by (signature):	printed):  Help  cc:	



State Form 48669 (R2/2-05) SDH Form 51-0001



dress harge Person's F	OUSAM C-mail Housn	TEN 4773	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up  Summary  C_O  Menu Typ  12_	Release Date  Release Date  R-5-15  of Violations:  NC   R   O    e (See back of page)  3   X   4   5
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ean N	Susman	manager	Katie	GroHe	
	dress harge Person's E  Ood Handle  C/NC  C/NC  V  V  V  V  V  V  V  V  V  V  V  V  V	nt Address (number and str  R LEIS W  dress  harge Person's E-mail  od Handler  TITEMS ARE IDENTIFIED IN  ON(S) REPEATED FROM PRE	The same interpretation of the same interpretati	IN Address (number and street, city, state, ZIP code)  All Establishment (Nowher and street, city, state, ZIP code)  All Establishment (Nowher and street, city, state, ZIP code)  All Establishment (Nowher and street, city, state, ZIP code)  Purpose:  1. Postitix  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  What is a state of the content of the of	IN MOUSE (afc.)  NO NO SC (afc.)  In Address (number and street, city, state, ZIP code)  A Le IS Live Lane Evans Wile  IN 47720  Purpose:  1. Boerthe  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  1. 2.  Weau Typ  6. HACCP  NORS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE N.  CINC R  Narrative  No. Live Sink bottle leaking and needs Cleaning.  Needs Cleaning.  Inspected by (name and title printed):  Person Nousman Managar  Inspected by (name and title printed):  Pour Nousman Managar  Inspected by (name and title printed):  A the Gratte



State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

Owner's Ad  Person in C  Responsible	dress harge Person's	PC E-mai	ea Sutton  Notified in the checklist and narrative column	Purpose:  Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summar  C	Release Da 2 - 5  Ty of Violations:  NC	8 2 0 / ate -/5
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State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD 435-5695

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Establishment Address (number and street, city, state, ZIP code)				( ) Establishment	(mm/dd/yr)		
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				2. Follow-up	Summar	y of Violations:	
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Person in Charge Josh Adle 15				4. Pre-Operational	C_6	C 0 NC 1 R O	
				5. Temporary			
Responsible	Person's E-ma				Menu Ty	pe (See back of page)	
				6. HACCP	MAN PO		
Certified Fo	od Handler			7. Other (list)	1 2 3 4 5		
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State Form 48669 (R2/2-05) SDH Form 51-0001

VCHD	
435-	5695

stablishment Name THORASTO 015	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr) ID#		
THORNTONS stablishment Address (number and street, city, state, ZIP code)	47,2-0689 (47,2-0689			
THORNTONS	See and the Second Seco	1-26-15 01		
wner	Purpose:	Follow-up Release Date		
HORNTONS	Routine	NO 2-4-15		
wner's Address	2. Follow-up	Summary of Violations:		
erson in Charge	3. Complaint	2 2 2 2 2		
LACESANDRO JTREVINO	4. Pre-Operational	C O NC D RO		
esponsible Person's E-mail	5. Temporary	Menu Type (See back of page)		
	6. HACCP			
ertified Food Handler	7. Other (list)	1 2 3 4 5		
I ALGIANDOD) TRAVINO				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR	ATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE D	NOTED IN THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW AS "		
ection# C/NC R NO DISCRES	Narrative	To Be Corrected By		
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eceived by (name and title printed):	Inspected by (name and tit			
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