

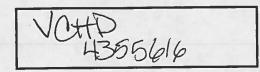
State Form 48669 (R2/2-05) SDH Form 51-0001

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Responsible			5. Temporary 6. HACCP			ck of page)
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Section#	C/NC	R	Narrative			Corrected By
Section#	CARC	IX.				
290	NC	-	ish machine soiled Clean adelin	re	2-15	5-19
295	C		walk-in behind bar soiled walls ceiling. Clean	and	2-13	7-15
77	NC	7	Goods in walk-ins not covered lids or plastic wrap.	with	2-	9-15
299	C		wet-wiping clothes not stored Chemical sanitizer	M	24	1-15
		1	no grease trap on suptic			
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State Form 48669 (R2/2-05) SDH Form 51-0001





Establishment Aldress (number and street, city, state, ZIP code)  Owner's Address  Perton in Charge  Cortified Food Handler  Cortified Food Handler					COLUMNS M	Telephone Number  ( ) Establishment  ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  ARKED "C"	c()	Relea	ID# 80 Page Date 21 15 Page Date 21 15 Page Date 21 15 Page Page Page Page Page Page Page Page	
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Section#	C/NC	R				rrative				Corrected By
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INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

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Establishmen			cet, city, stale, ZIP code		( 700 Wher 1020	2-11-	, 1	01		
Owner	0.0	N 61	C80 1 1	10011 110	Purpose:	Follow-up		se Date		
			ming	TAN	Routine	NO	2-	21-15		
Owner's Ade	dress	de drois			2. Follow-up	Summary of	Violatio	ons:		
D : GI	/	)			3. Complaint			0		
Person in Ch	lapge	1000	m		4. Pre-Operational	C_2	-NC	/ RO		
Responsible	Poson's E	-mail			5. Temporary	Menu Type	Menu Type (See back of page)			
				6. HACCP	To a succession					
Certified Foo	od Handler			7. Other (list)	12	(3)	45			
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INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

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Owner's A	uuress				2. Follow-up	Summa	ry of Violatio	ns:
Person in (	Charge	_			3. Complaint			
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Responsible	e Person's		obertson		5. Temporary			
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Certified F	ood Hand	ler			7. Other (list)		7	
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme		DOTON	, city, state, ZIP code)	Telephone Number  ( ) Establishment	Date of Ins (mm/dd/yr)				
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	000	CRGL	E CREST	Purpose:	2-// Follow-up				
Owner (2)	565	ono		1. Routine	Routine NO 2				
Owner's Ac	ddress			2. Follow-up 3. Complaint		Summary of Violations:			
Person in C	Charge MAR	Y UKPON	Ca	4. Pre-Operational 5. Temporary	c_2	> NC 2 R 2			
Responsible	e Person's E			6. НАССР	Menu Type (See back of page)				
Certified F	ood Handle	UCKARD		7. Other (list)	12	1 2 3 4 5			
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INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

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Responsible	e Person's	E-mail						6. HACCP	Wienu i	ype (See ou	ick of page)
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Certified F	ood Mandle	en	(/-					7. Other (nst)	1	2_①	_45
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHD 435-5695

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Establishme	nt Name		Telephone Number	Date of Inspection (mm/dd/yr)	1
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11	845	CK angstheim		2-11-10	
Owner	7,5		Purpose:	Tomor ap	elease Date
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Owner's Ad	dress	7	2. Follow-up	Summary of Vie	olations:
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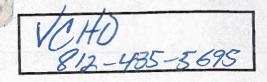
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Establishme	nt Name		1 1	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Evans	sulle		Country Club	812 Fetablishment	0.	11	
Establishme	nt Address	(num	ber and street, cit? state, ZIP code)	( ) Owner	2-1	1-13	
3810	Strin	<u>a-t</u>	own Rd. Evansuille	Dumage	Followaup		se Date
Owner		0	IN 47710	Purpose:			15-15
					Summary		
Owner's Ad	dress			2 Follow-up	Summary	OI VIOIALI	0113.
D	h a was			3. Complaint	C -	NC_	-R -
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Responsible	frerson's I	-mail		5. Temporary	Menu Typ	e (See bac	ck of page)
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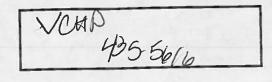
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	Nisp	et	47639	Purpose:	Follow-up	Release Date
Owner			7 100 1	1. Routine	N	2-21-15
Owner's Ad	ldress			2. Follow-up	Summary of	Violations:
				3. Complaint		NG ( P
Person in C		1		4. Pre-Operational	C	NC R
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Establishment Name  Topicana  Establishment Address (number and street, city, state, ZIP code)  Topicana  Owner's Address  Person in Charge  Hackel Carturyat  Responsible Person's E-mail  Certified Food Handler  Hackel Carturyat				Telephone Number ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr)  Follow-up Release Date 20/5  Summary of Violations:  C NC R  Menu Type (See back of page)  1 2 3 4 5		
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The time limit for correction of each violation is specified in the narrative portio	n of this report.	15 ti da 115#			
Establishment Name  7	Telephone Number  ( 2 14) Establishment  ( ) Owner	Date of Inspection (mm/dd/yr)			
Establishment Address (number and street, city, state, 211 code)		Follow-up Release Date			
Owner 1/2 Pis-70 TAP	Purpose:  1. Routise	Follow-up Release Date 2-19-15			
Owner's Address	2. Follow-up	Summary of Violations:			
Person in Gharge	3. Complaint 4. Pre-Operational	C NC R			
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)			
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LAUID AGNORA		1			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COI • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	LUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS "R"			
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# VCHD 435-5795

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Owner			Purpose:	Follow up Release Date
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Owner's Ad	dress		2. Follow-up	Summary of Violations:
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# VCHD 435-5695

y, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

he time limi	it for corre	ction of	the item(s) noted below identify violations of 410 IAC each violation is specified in the narrative portion of the		Date of Inspec	ction	ID#
stablishmer	t Name		211 1 . 0 1	Telephone Number  ( ) Establishment	(mm/dd/yr)	ction	15 "
Sport	sma	NE	Billandstrub	-812422-0801	100	1	
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wner			104116	1. Routine	IN	2	-15-15
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esponsible	Person's I	E-mail		6. HACCP	Wienu Type	. (500 511	en eg p-8-9
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ertified Fo	od Handle	<u></u>		-13/13/23	-		
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VCHD 435-5695

The time lim	it for corre	ection	of each violation is specified in the narrative portion of t	this report.			
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State Form 48669 (R2/2-05) SDH Form 51-0001

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The time limit for correction of each violation is specified in the narrative portion	n of this report.		
Establishment Name	Telephone Number	Date of Inspection (mm/dd/yr)	ID#
DOLLAR GENERAL	( ) Establishment	(mm/uwyr)	82
Establishment Address (number and street, city, state, ZIP code)	( ) Owner		
15555. BOEKE	812-477-2078		
Owner DOLLAR GUNGRAL	Purpose:		ease Date
	Routine	110 2	.23-15
Owner's Address	2. Follow-up	Summary of Viola	tions:
Person Charge / / / /	3. Complaint	a 20 via	>=0
Kathy Moore	4. Pre-Operational	C_O NC_	<u> </u>
Responsible Person's E-mail	5. Temporary	Menu Type (See b	ack of page)
	6. HACCP		
Certified Food Handler	7. Other (list)	D 100/3	4 5
NA		7	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLU	UMNS MARKED "C"		HE STEEL IN
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		D IN THE NARRATIV	VE BELOW AS "R"
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State Form 48669 (R2/2-05) SDH Form 51-0001 UCHD 435-5695

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Establishment Address (number and street, cir., state, Zir code)  2 - 13 - 15							Telephone Number		ction	ID#
DWNEY'S Address  OWNEY'S Address  Person in Charge  A Pre-Operational  S. Temporary  6. HACCP  Certified Food Handler  To Be Corrected By  Narrative  To Be Corrected By  Received by (name and the printed):	1	-40	AS 010	1 00	ENTER	/				82
Person in Charge  A Pre-Operational  S. Temporary  Bennall  C. ONC R. Menu Type (See back of page)  Heat Type (See back of page)  Heat Type (See back of page)  Certified Food Handler  Certified Food Handler  Certified Food Handler  Country  Count	Establishme	ent Address	(number and stre	et, city, state, Zi	IP code)	1	(4 Howhow VOO	- 10		21
Person in Charge  A Pre-Operational  S. Temporary  Bennall  C. ONC R. Menu Type (See back of page)  Heat Type (See back of page)  Heat Type (See back of page)  Certified Food Handler  Certified Food Handler  Certified Food Handler  Country  Count	26	50	18.61	CEN	RIVISTA	Rot		2-13	15	0/
Person in Charge  A Pre-Operational  S. Temporary  Bennall  C. ONC R. Menu Type (See back of page)  Heat Type (See back of page)  Heat Type (See back of page)  Certified Food Handler  Certified Food Handler  Certified Food Handler  Country  Count	Owner	, 1			~		Purpose:	Follow-up		
Person in Charge  A Pre-Operational  S. Temporary  Bennall  C. ONC R. Menu Type (See back of page)  Heat Type (See back of page)  Heat Type (See back of page)  Certified Food Handler  Certified Food Handler  Certified Food Handler  Country  Count	151	100	Y BRO	SNOR	FLE	>4D	1. Routine	100	10	
Person in Charge  Responsible Person') E-mail  Responsible Person') E-mail  Certified Food Handler  Country (See back of page)  Land Sample Country (See back	Owner's Ad	ldress				/	2. Follow-up	Summary o	f Violation	ons:
Responsible Person') E-mail  S. Temporary  6. HACCP  7. Other (list)  1							3. Complaint	1.0		0 - 2
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State Form 48669 (R2/2-05) SDH Form 51-0001 VCHP 435-5695

The time lin	it for corr	ection	of each violation is specified in the narrative portion of this	report.			
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2	09	1	11 BOKE	D	Follow-up	-	se Date
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<i>/-</i>	CRI	54	LANGR	2. Follow-up	Summary		
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#### RETAIL FOOD ESTABLISHMENT

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

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	435-5695

Establishme					Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
10	mir	RIC	AS BUS	T HALLE	( ) Establishment			82
stablishme	nt Address	(number	and street, city, state, ZII	P code)	- 4733 7940	-		01
4	F19	70	cumsist	h LANE		2-13		
wner	-/	2	3/ 2 221 -	Prode) h LANE	Purpose:	Follow-up		se Date
wner's Ad	dress		U X IUD A	V LLC	2. Follow-up	Summary		
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erson in C	harge		_		4. Pre-Operational	C 6	PNC	2 R
t	Da	n	Patpl		5. Temporary			
Responsible	Person's l	E-mail	The Park Street		6. HACCP	Menu Typ	e (See bac	ck of page)
		and in		The Samuel of the same	7. Other (list)	0 10	<b>5</b> ,	
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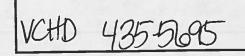
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1012	9 1/2	einbach Ave. Evansulle		100	
Owner	). W	TA/Uniu	Purpose:	Follow-up R	elease Date
		2107/119	1. Routine	11/10	1-25-15
Owner's Ad	ldress		2 Follow-up	Summary of Vic	lations:
Owner 3710	101 000			Dummary of the	
Person in C	hargo		3. Complaint	C-NO	R
TON	narge	10,051-10	4. Pre-Operational		<u></u>
	100	NN DON	5. Temporary	Menu Type (See	back of page)
Responsible	Person's E-	mail	6. HACCP		
			7. Other (list)	1 2 3	X4 5_
Certified Fo	ood Handler			123	~
JOHN	1	hnson			
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"		S. P. L. S.
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	37		TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS NOT THE TRANSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	NARRATIVE BELOW AS "R"
• VIOLATIO		R R	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	PROPERTY OF VIOLATIONS AN		To Be Corrected By
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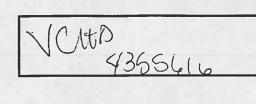


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Section#	C/NC	R	Narrative			To Be Corrected By
			h reach-ins, remaind bags used for food reach-in has been and shelving unit cleaned.	L Storage L Storage L defroste L Soda sto	beer	2
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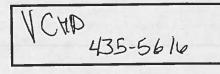




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Establishment Address (number and street, city, state, ZIP code)  Owner  Owner's Address  Person in Charge  Responsible Person's E-mail  Certified Food Handler				Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr)  2   3   5    Follow-up Release Date 23  Summary of Violations:  C_D_NC_2 R  Menu Type (See back of page)		e Date 23   S  ns:  R_
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" A	ND IN THE N.	ARRATIVE	BELOW AS "R"
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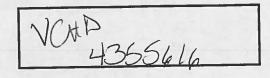


State Form 48669 (R2/2-05) SDH Form 51-0001



The time lin	it for corr	ection o	f each violation is specified in the narrative portion of	f this report.		
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			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE	NARRATIVE BELOW AS "R"
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Owner	Du	bir	)	1. Routine	Summary of Violations:  C NC R  Menu Type (See back of page)		
Owner's Ad Person in C Responsible	harge	)\( \( \)\( \)\( \)	biol	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP			
Certified Food Handler				7. Other (list)	1 2 3 4 5		
• CRITICAL	ITEMS AF	RE IDEN	TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	MARKED "C"  UMMARY OF VIOLATIONS" A	ND IN THE	NARRATIV	'E BELOW AS "R"
	C/NC	R	Narrative			To Be C	Corrected By
Section#	CINC	1					
			No Noted	Jipiallo			
Received to	UP	DU	ull	Inspected by (signature):	printed):	R	
ce:	8		cc:				