



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

VCHD
435-5695

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 JEANNES GELATO & MORE	Telephone Number () Establishment (478) 8272	Date of Inspection (mm/dd/yr) 2-12-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 2003 LINCOLN AVE	Owner VALERIE EWERS	Follow-up NO	Release Date 2-22-15
Owner's Address	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge X Valerie Ewers	Responsible Person's E-mail	Menu Type (See back of page) 1 _____ 2 _____ <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Certified Food Handler VALERIE EWERS			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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 DISCREPANCIES	

Received by (name and title printed): X Valerie Ewers	Inspected by (name and title printed): JAMES CLEMONS
Received by (signature): Valerie Ewers	Inspected by (signature): James Clemons
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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VCHD
435-5695

150 F 71 C

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

Establishment Name <i>FAIRLAWN School</i>	Telephone Number () Establishment <i>(469-5087)</i> Owner	Date of Inspection (mm/dd/yr) <i>2-12-15</i>	ID # <i>82</i> <i>01</i>
Establishment Address (number and street, city, state, ZIP code) <i>2021 S. ALUORD</i>	Owner <i>EVSC</i>	Purpose: <input checked="" type="radio"/> Routine	Follow-up <i>NO</i>
Owner's Address	Person in Charge <i>X CINDI Henderson</i>	2. Follow-up	Release Date <i>2-22-15</i>
Responsible Person's E-mail	Certified Food Handler <i>X Cindi Henderson</i>	3. Complaint	Summary of Violations: <i>C @ NCO RO</i>
		4. Pre-Operational	
		5. Temporary	1 ___ 2 <input checked="" type="radio"/> 4 ___ 5 ___
		6. HACCP	
		7. Other (list)	

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>NO DISCREPANCIES</i>	

Received by (name and title printed): <i>X Cindi Henderson</i>	Inspected by (name and title printed): <i>JAMES CLEMONS</i>
Received by (signature): <i>X Cindi Henderson</i>	Inspected by (signature): <i>James Clemons</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 435-5295

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

Establishment Name: HARPER SCHOOL, Telephone Number: (469) 5083, Date of Inspection: 2-12-15, ID #: 8201, Owner: EVSC, Person in Charge: Brenda Render, Certified Food Handler: Brenda Render

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'NO DISCREPANCIES.'

Received by: Brenda Render, Inspected by: James Clemons, cc: [blank]



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

Establishment Name <i>By THE SLICE</i>	Telephone Number () Establishment <i>476-8588</i> () Owner	Date of Inspection (mm/dd/yr) <i>2-12-15</i>	ID # <i>82</i> <i>01</i>
Establishment Address (number and street, city, state, ZIP code) <i>2011 LINCOLN</i>	Owner <i>ERIC WEBER</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i> Release Date <i>2-22-15</i>
Owner's Address	Person in Charge <i>Jane Scarlett</i>	Summary of Violations: <i>C 1 NC 1 R</i>	
Responsible Person's E-mail	Certified Food Handler <i>ERIC WEBER</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	

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Section#	C/NC	R	Narrative	To Be Corrected By
<i>296</i>	<i>C</i>		<i>WHITE dough PANS SOILED</i>	<i>2-13</i>
<i>431</i>	<i>NC</i>		<i>CLUTTER UNDER FRONT COUNTER</i>	<i>2-13</i>

Received by (name and title printed): <i>Jane Scarlett</i>	Inspected by (name and title printed): <i>JAMES CLEMONS</i>
Received by (signature): <i>Jane Scarlett</i>	Inspected by (signature): <i>James Clemons</i>
cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 4355616

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

Establishment Name C/S #6255	Telephone Number (413) 8257	Date of Inspection (mm/dd/yr) 2/11/15	ID# 2202
Establishment Address (number and street, city, state, ZIP code) 1155 Washington	() Owner	Follow-up NO	Release Date 2/21/15
Owner Hook Super X	Purpose: 1. Routine	Summary of Violations: C 0 N 0 R	
Owner's Address	2. Follow-up	Menu Type (See back of page) 1 2 3 4 5	
Person in Charge Bridgett Garnett	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Noted Violations	

Received by (name and title printed): Bridgett Garnett	Inspected by (name and title printed): Carol A. Conrad
Received by (signature): <i>Bridgett Garnett</i>	Inspected by (signature): <i>Carol A. Conrad</i>
cc: Bridgett Garnett	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD
4355646

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

Establishment Name <i>The Sand Trap</i>	Telephone Number (<i>435</i>) Establishment <i>6008</i> () Owner	Date of Inspection (mm/dd/yr) <i>2/11/15</i>	ID # <i>82</i> <i>02</i>
Establishment Address (number and street, city, state, ZIP code) <i>315 E. Diamond</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>No</i>	Release Date <i>2/11/15</i>
Owner <i>Jerry Freyberger</i>		Summary of Violations: <i>C</i> <u>0</u> <i>NC</i> <u>0</u> <i>R</i> <u>0</u>	
Owner's Address	Person in Charge <i>Gayle Bowen</i>	Menu Type (See back of page) <i>1</i> <u>2</u> <i>3</i> <u>4</u> <i>5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Kari Diehl</i>			

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Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No Noted Violations</i>	

Received by (name and title printed): <i>Gayle A. Bowen</i>	Inspected by (name and title printed): <i>Carol Glantz</i>
Received by (signature):	Inspected by (signature):

cc:	cc: <i>9-4-14</i>	cc:
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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

160°F 71°C

VCHD 2/30/15 616

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

Establishment Name <i>Stringtown</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>2/11/15</i>	ID # <i>8200</i>
Establishment Address (number and street, city, state, ZIP code) <i>4720 Stringtown Rd</i>		Follow-up <i>No</i>	Release Date <i>2/21/15</i>
Owner <i>EJSC</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 0 N C 0 R 0</i>	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Clara Effinger</i>	3. Complaint	<i>1 2 3 4 5</i>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Clara Effinger</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No Noted Violations!</i>	

Received by (name and title printed): <i>Clara Effinger</i>	Inspected by (name and title printed): <i>Wendy Conrad</i>
Received by (signature):	Inspected by (signature):
cc:	cc:
	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 4355616

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

Form with fields for Establishment Name (Donut Bank), Telephone Number (424-2041), Date of Inspection (2/11/15), ID # (8202), Establishment Address (1031 E Diamond), Owner (Chris Kempt), Purpose (Routine), Follow-up (No), Release Date (2/21/15), Person in Charge (Patrick Bretz), Summary of Violations (C 0, NC 0, R 0), Menu Type (1, 2, 3, 4, 5).

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: No Noted Violations.

Form with fields for Received by (Patrick E Bretz), Inspected by (Carol J. ...), Received by (signature), Inspected by (signature), and cc: 2-10-15.



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Establishment Name KENNY KENT TOYOTA		Telephone Number () Establishment 473-8700	Date of Inspection (mm/dd/yr) 2-10-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 5600 DIVISION		() Owner	01	
Owner KENNY KENT	Purpose: <input checked="" type="radio"/> 1. Routine		Follow-up NO	Release Date 2-20-15
Owner's Address	2. Follow-up		Summary of Violations: C 0 NC 0 R 0	
Person in Charge Catie Cortanese	3. Complaint			
Responsible Person's E-mail	4. Pre-Operational			
Certified Food Handler N/A	5. Temporary		Menu Type (See back of page)	
	6. HACCP		<input checked="" type="radio"/> 2 3 4 5	
	7. Other (list)			

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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES	

Received by (name and title printed): Catie Cortanese	Inspected by (name and title printed): JAMES CLEMANS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment Name VINEYARD	Telephone Number () Establishment 479-8777 () Owner	Date of Inspection (mm/dd/yr) 2-10-15	ID # 82 01
Establishment Address (number and street, city, state, ZIP code), 5721 E VIRGINIA		Follow-up NO	Release Date 2-20-15
Owner JAMES PETERS II	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: C 0 NC 0 R 0	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge X Caleb J Peters	3. Complaint	1 <input checked="" type="checkbox"/> 3 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler N/A	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES.	

Received by (name and title printed): X Caleb J Peters	Inspected by (name and title printed): JAMES CLEMENS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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VCHD
 435-5295

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

Establishment Name COOKIES BY DESIGN	Telephone Number () Establishment 426-1599 () Owner	Date of Inspection (mm/dd/yr) 2-10-15	ID # 82 01
Establishment Address (number and street, city, state, ZIP code) 419 METRO AVE		Follow-up NO	Release Date 2-20-15
Owner Rob & Ginger Hornbrook	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: C O N C U R E	
Owner's Address		Menu Type (See back of page) 1 ___ 2 <u>3</u> 4 ___ 5 ___	
Person in Charge Chris M Taylor			
Responsible Person's E-mail			
Certified Food Handler GINGER K. HORNBOOK			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES,	

Received by (name and title printed): Chris M Taylor	Inspected by (name and title printed): JAMES CLEMONS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment Name GPS MARKET PLACE	Telephone Number () Establishment 473-0096 () Owner	Date of Inspection (mm/dd/yr) 2-10-15	ID # 82
Establishment Address (number and street, city, state, ZIP code) 1510 N. BURKHARDT RD.			01
Owner GOODRON FOOD SERVICE	Purpose: <input checked="" type="radio"/> Routine	Follow-up NO	Release Date 2-20-15
Owner's Address	2. Follow-up	Summary of Violations: C 0 NC 0 R 0	
Person in Charge JAMES COLLINS	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 <u>2</u> 3 4 5	
Certified Food Handler JAMES COLLINS	5. Temporary		
	6. HACCP		
	7. Other (list)		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES	

Received by (name and title printed): JAMES COLLINS	Inspected by (name and title printed): JAMES CLEMONS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment Name GET & GO CASSEROLES	Telephone Number () Establishment 475-8830 Owner	Date of Inspection (mm/dd/yr) 2-10-15	ID # 82 01
Establishment Address (number and street, city, state, ZIP code) 6840 LOGAN DR. SUITE A	Owner GEOFFREY FORBES	Follow-up N/D	Release Date 2-20-15
Owner's Address GEOFFREY FORBES	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in Charge X JENNIFER FORBES	Responsible Person's E-mail	Menu Type (See back of page) 1 2 <u>3</u> 4 5	
Certified Food Handler X JENNIFER FORBES			

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Section#	C/NC	R	Narrative	To Be Corrected By
			NO DISCREPANCIES.	

Received by (name and title printed): X JENNIFER FORBES	Inspected by (name and title printed): JAMES CLIMON
Received by (signature): <i>Jennifer Forbes</i>	Inspected by (signature): <i>James Climon</i>
cc:	cc:



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Establishment Name <u>Greater St James</u>	Telephone Number () Establishment <u>812 425-7771</u> () Owner	Date of Inspection (mm/dd/yr) <u>2-10-15</u>		ID #
Establishment Address (number and street, city, state, ZIP code) <u>484 S. GOVERNOR EVANSVILLE IN</u>		Follow-up <u>N</u>		Release Date <u>2-20-15</u>
Owner <u>47713</u>	Purpose: <input checked="" type="radio"/> Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>		
Owner's Address		Menu Type (See back of page)		
Person in Charge <u>Rosetta Irvin</u>		1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___		
Responsible Person's E-mail				
Certified Food Handler <u>N/A</u>				

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Section#	C/NC	R	Narrative	To Be Corrected By
			<u>no discrepancies.</u>	

Received by (name and title printed): <u>X ROSETTA IRVIN</u>	Inspected by (name and title printed): <u>Katie Gretler</u>
Received by (signature): <u>X Rosetta Irvin</u>	Inspected by (signature): <u>Katie Gretler</u>
cc:	cc:



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Establishment Name Trinity Lutheran Church	Telephone Number (812) 817-5279	Date of Inspection (mm/dd/yr) 2-10-15	ID #
Establishment Address (number and street, city, state, ZIP code) 1403 W. Boonville New Harmony Rd. Evansville IN 47705	Purpose: 1. Routine	Follow-up N	Release Date 2-20-15
Owner's Address	2. Follow-up	Summary of Violations: C _ NC _ R _	
Person in Charge Trisha Letterman	3. Complaint	Menu Type (See back of page) 1 _ 2 _ 3 <input checked="" type="checkbox"/> 4 _ 5 _	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler N/A	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			no discrepancies	
			no grease trap on septic	

Received by (name and title printed): Trisha Letterman	Inspected by (name and title printed): Katie Greffler
Received by (signature): Trisha Letterman	Inspected by (signature): Katie Greffler
cc:	cc:



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Establishment Name Pizza Oven		Telephone Number 425455	Date of Inspection (mm/dd/yr) 2-10-15	ID # 82 62
Establishment Address (number and street, city, state, ZIP code) 5976 Springtown		() Owner		
Owner Catherine Fickas	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 2-20-15	
Owner's Address		Summary of Violations: C 0 NC 1 R		
Person in Charge Catherine Fickas		Menu Type (See back of page) 1 2/3 4 5		
Responsible Person's E-mail				
Certified Food Handler Catherine Fickas				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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
430	nc		Walls & floors need cleaning	

Received by (name and title printed): Cathy Anderson	Inspected by (name and title printed): Carol Handset
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD
4355p10

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

Establishment Name <i>TJ Maxx Cafe</i>	Telephone Number (<i>4654800</i>) Establishment () Owner	Date of Inspection (mm/dd/yr) <i>2/10/15</i>	ID # <i>CG2</i> <i>02</i>
Establishment Address (number and street, city, state, ZIP code) <i>3301 Maxx Rd</i>	Owner <i>Canteen SWS</i>	Follow-up <i>No</i>	Release Date <i>2-20-15</i>
Owner's Address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NCL R</i>	
Person in Charge <i>Jordan Fehr</i>		Menu Type (See back of page) <i>1 2 / 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Jordan Fehr</i>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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
<i>275</i>	<i>NC</i>		<i>Wiping cloths improperly stored</i>	<i>corrected</i>

Received by (name and title printed):	Inspected by (name and title printed): <i>Carol J. Candish</i>
Received by (signature): <i>Jordan Fehr</i>	Inspected by (signature):
cc:	cc: <i>12-18-14</i>
	cc:



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

VOID
435-5616

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

Establishment Name <u>Dollar General 11697</u>	Telephone Number <u>(477) 5783</u> Establishment () Owner	Date of Inspection (mm/dd/yr) <u>2-10-15</u>	ID # <u>02</u>
Establishment Address (number and street, city, state, ZIP code) <u>3220 Mariner</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>NE</u>	Release Date <u>2-20-15</u>
Owner <u>Chicken Corp</u>		Summary of Violations: <u>C 1 NC 0 R</u>	
Owner's Address	Menu Type (See back of page) <u>1 2 3 4 5</u>		
Person in Charge <u>Sara Lee</u>			
Responsible Person's E-mail			
Certified Food Handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
<u>171</u>	<u>C</u>		<u>Expired baby formula</u>	<u>discarded</u>

Received by (name and title printed): <u>Sara Lee</u>	Inspected by (name and title printed): <u>Casell Egert</u>
Received by (signature): <u>Sara Lee</u>	Inspected by (signature): <u>Casell Egert</u>

cc:	cc:	cc:
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**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

VCPID
433-5616

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

Establishment Name <i>Motomart 3206</i>		Telephone Number (<i>477-5036</i>) Establishment () Owner		Date of Inspection (mm/dd/yr) <i>2-10-15</i>		ID # <i>62</i>			
Establishment Address (number and street, city, state, ZIP code) <i>3221 Mariner</i>						ID # <i>02</i>			
Owner <i>FKG ai</i>		Purpose: 1. <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up <i>No</i>		Release Date <i>2-20-15</i>			
Owner's Address				Summary of Violations: <i>C 0 N C L R</i>					
Person in Charge <i>Justin</i>									
Responsible Person's E-mail									
Certified Food Handler				Menu Type (See back of page) <i>1 / 2 3 4 5</i>					

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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
<i>324</i>	<i>NC</i>		<i>No current grease trap log available</i>	<i>2-10-15</i>

Received by (name and title printed):		Inspected by (name and title printed): <i>Cavel Coast</i>	
Received by (signature): <i>[Signature]</i> <i>Esth Wild</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	cc:



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

VCHD
435-5695

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 WALGREENS		Telephone Number () Establishment (485) 9541	Date of Inspection (mm/dd/yr) 2-9-15		ID # 82 01
Establishment Address (number and street, city, state, ZIP code) 4828 DAVIS LANE DR.		Purpose: <input checked="checked" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up NO		Release Date 2-19-15
Owner WALGREENS			Summary of Violations: C 0 NC 0 R 0		
Owner's Address					
Person in Charge Marye Abdulla		Menu Type (See back of page) 1 <input checked="checked" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Responsible Person's E-mail					
Certified Food Handler N/A					

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND 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 Discrepancies	

Received by (name and title printed): Marye Abdulla		Inspected by (name and title printed): JAMES CLUMMIS	
Received by (signature): <i>Marye Abdulla</i>		Inspected by (signature): <i>James Clummis</i>	
cc:	cc:	cc:	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 435-5695

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.

Form with fields for Establishment Name (YO YO EXPRESS), Telephone Number (471-8340), Date of Inspection (2-9-15), ID # (82), Establishment Address (600 N. BURKHARDT), Owner (SAMETH MOHIEDIN), Purpose (Routine), Follow-up (NO), Release Date (2-19-15), Person in Charge (Sameth Mohiedin), and Certified Food Handler (N/A).

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'NO DISCREPANCIES.'

Received by (name and title printed): Sameth Mohiedin; Inspected by (name and title printed): JAMES CLEMONS. Includes signature lines and cc fields.



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHD 435-5414

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

Establishment Name <i>peccards</i>	Telephone Number <i>476-7444</i> Establishment () Owner	Date of Inspection (mm/dd/yr) <i>2-9-15</i>	ID # <i>8202</i>
Establishment Address (number and street, city, state, ZIP code) <i>1055 Weinbach</i>	Owner <i>VUW Corp</i>	Follow-up <i>NO</i>	Release Date <i>2-19-15</i>
Owner's Address	Person in Charge <i>Bill Vukovich</i>	Summary of Violations: <i>C 0 NC 1 R</i>	
Responsible Person's E-mail	Certified Food Handler	Menu Type (See back of page) <i>1 / 2 3 4 5</i>	
Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
<i>431</i>	<i>NC</i>		<i>Doors on refrigerator need cleaning</i>	<i>2-9-15</i>

Received by (name and title printed): <i>Bill Vukovich</i>	Inspected by (name and title printed): <i>Carolyn Gaudin</i>	
Received by (signature): <i>org on file</i>	Inspected by (signature):	
cc:	cc: <i>9-23-14</i>	cc:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

VCHP
435-5116

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

Establishment Name Chuckles Food Mart	Telephone Number Establishment: 475-493 Owner: 475-493	Date of Inspection (mm/dd/yr) 2-9-15	ID # 82 02
Establishment Address (number and street, city, state, ZIP code) 1601 Wernbach	Owner Er Taylor Rul	Follow-up No	Release Date 2-19-15
Owner's Address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 0 R	
Person in Charge Nicholas Wassmer		Menu Type (See back of page) 1 / 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Noted Violations	

Received by (name and title printed): Er Taylor Rul	Inspected by (name and title printed): Carol Good
Received by (signature):	Inspected by (signature):

cc:	cc:	cc:
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**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

NCAD
435-5616

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

Establishment Name <u>Comfort Inn</u>	Telephone Number (<u>4235818</u>) Establishment () Owner	Date of Inspection (mm/dd/yr) <u>295</u>	ID # <u>82</u> <u>02</u>
Establishment Address (number and street, city, state, ZIP code) <u>3901 Highway 41</u>		Follow-up <u>NO</u>	Release Date <u>2-17-15</u>
Owner <u>GAC LLC</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: <u>C O N C O R</u>	
Owner's Address		Menu Type (See back of page)	
Person in Charge <u>Dotty Huff</u>		<u>1</u> / <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Responsible Person's E-mail			
Certified Food Handler <u>Vicky Johnson</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 NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			Food Handler <u>No Noted Violations</u>	

Received by (name and title printed): <u>Dotty Huff</u>	Inspected by (name and title printed): <u>Carol J. Coe</u>
Received by (signature): <u>Dotty Huff</u>	Inspected by (signature): <u>Carol J. Coe</u>
cc: <u>Do H4 HUFF</u>	cc: <u>1277-14</u>